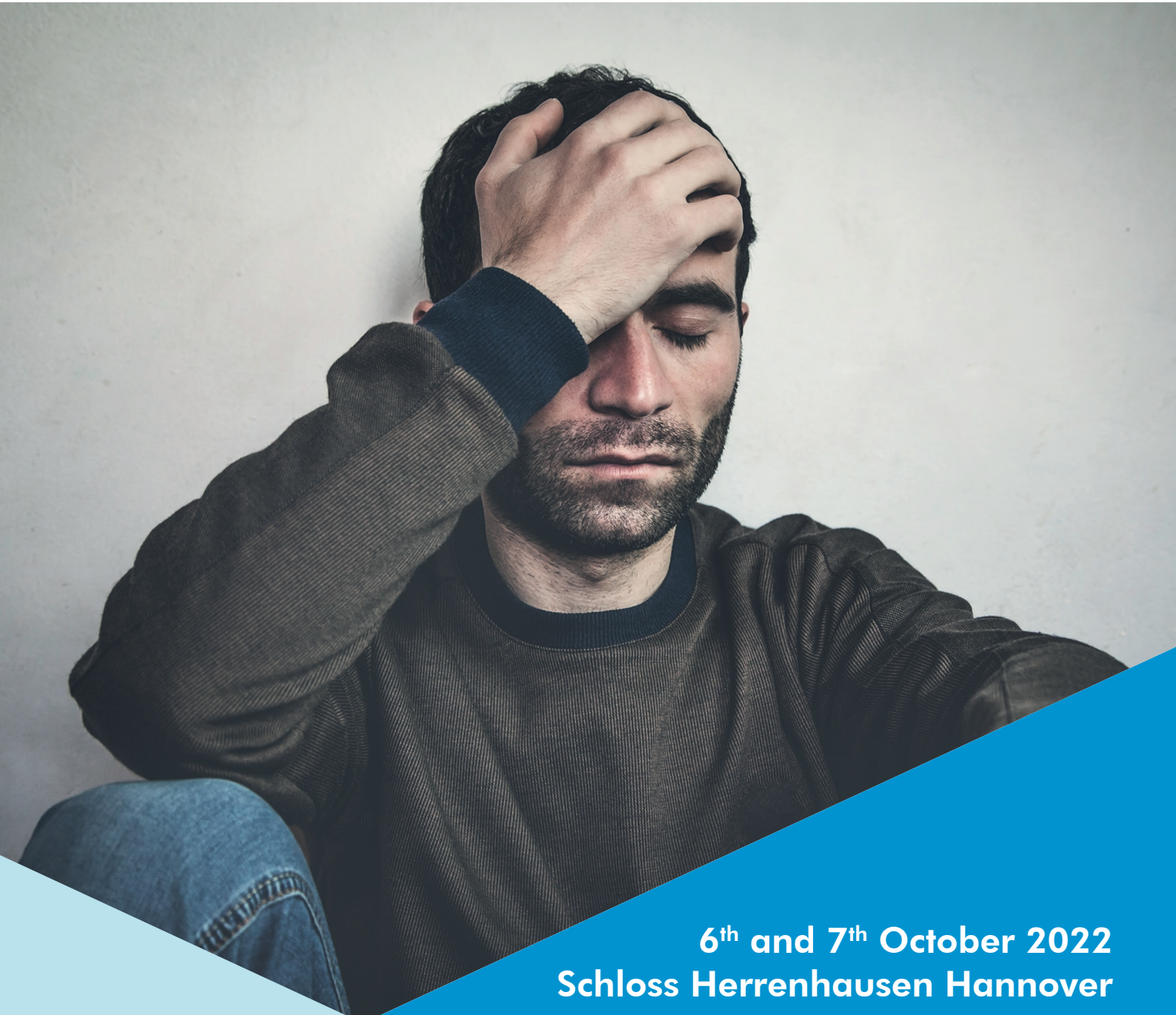




UNIVERSITÄT  
LEIPZIG

Medizinische Fakultät



6<sup>th</sup> and 7<sup>th</sup> October 2022  
Schloss Herrenhausen Hannover

# CONFLICT-RELATED SEXUAL VIOLENCE AGAINST MEN AND BOYS

– READER –

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The recognition of men and boys as survivors of conflict-related sexual violence is a relatively new development, and to date there is little empirical evidence on the nature and frequency of such violence, its consequences, and the underlying mechanisms. Implementing accessible support services to meet the medical, legal and psychosocial care needs of those affected, reducing taboo surrounding the experiences and de-stigmatizing those affected are the central tasks for future research and practice. This requires a coordinated cooperation between academic researchers, practitioners in the psychosocial sector and political and legal actors at a national and international level.

On 6<sup>th</sup> and 7<sup>th</sup> October 2022, the symposium “Conflict related sexual violence against men and boys” took place at the conference centre of Schloss Herrenhausen. The symposium addressed the topic from an interdisciplinary perspective, both with regard to the participation of researchers from different research fields, such as psychology, psychiatry, history, political science, law, gender studies and philosophy, as well as the attendance of various non-governmental organizations, such as Amnesty International, Refugee Law Project, All Survivors Project and Women’s Refugee Commission. An important component of the symposium was the interdisciplinary workshop for early career researchers, which offered young colleagues the opportunity to present and critically discuss their own research with experienced, internationally established experts from various disciplines.

During the symposium, the core aspects related to conflict-related sexual violence against men and boys were discussed from different methodological and disciplinary perspectives with a focus on different regions experiencing armed conflict in recent history, including the ongoing war against Ukraine.

*Yuriy Nesterko, Sabine Lee and Heide Glaesmer*

## Thursday, 06<sup>th</sup> of October 2022

### 09:00 – 12:30 Pre-Conference Workshop Part I + II

#### Connecting young scientists with senior researchers

**Jenna Norosky** (University of Massachusetts, Amherst, USA):

*Rethinking the Silence Surrounding Conflict-Related Sexual Violence Against Men and Boys*

**Anna Gopsill** (University of London, UK):

*Genocidal rape? Male victims of sexual violence at the International Criminal Tribunal for Rwanda*

**Ana Velasco** (PUC Rio, Brasil/University of Bremen, Germany):

*Re-locating sex in SVAM: The case of Turtle Island*

### 10:30 – 11:00 Coffee break

**Ali Bitenga Alexandre** (International Center for Advanced Research and Training (ICART), DRC):

*Turning the holistic care model into a gender sensitive care programme for treatment of conflict related sexual violence against men: challenges and setbacks*

**Karoliina Lehtola** (Tampere University, Finland):

*Beyond Stigma. The Role of the Ugandan-Based Refugee Law Project in Supporting Men Subjected to Sexual Violence in Conflicts*

**Carla King** (NYU Grossman School of Medicine, New York, USA):

*Gendered-Perceptions of Men/Boys versus Women/Girls who were Victims of UN Peacekeeper-Perpetrated Sexual Exploitation and Abuse in Haiti*

**Murhula Kapalata Gloire** (Université Evangelique en Afrique (UEA-Bukavu)):

*An experience-driven model for addressing sexual violence against men: Prevention and response intervention in Democratic Republic of Congo*

### 12:30 – 13:00 Lunch break

### 13:00 – 14:30 Pre-Conference Workshop Part III

**Kim Schönenberg** (University of Leipzig, Germany):

*Agency and Iterativity as Features of Disclosure Processes of Male CRSV Survivors – Reports from Psychosocial and Mental Health Care Professionals in Germany*

**Leni Linthout** (Ghent University, Belgium; Université de Lille, France):

*A silenced reality on the way to the United Kingdom: Sexual violence against migrant men and boys in Belgium and France*

**Max Vöhringer** and **Freya Specht** (Zentrum ÜBERLEBEN Berlin, Germany):

*Conflict-related and sexual trauma in Arabic-speaking treatment-seeking men: Prevalence and relationship with sociodemographic and psychological aspects*

14:30 – 15:00 Coffee break

15:00 – 15:15 **Welcome note**

**Yuriy Nesterko, Sabine Lee and Heide Glaesmer**

15:15 – 16:30 **Keynote lecture**

**Chris Dolan** (University of Warwick, UK):

*Queering the Pitch? Male Survivors and Conflict-Related Sexual Violence*

16:30 – 17:00 Coffee break

17:30 – 19:00 **Symposium 1: CRSV against men and boys – History, Justice and Global Politics**

Chair/Discussant: Robert McKelvey and Onen David Ongwech

**Laura Sjoberg** (Royal Holloway University of London, UK):

*Legal Aspects of Conflict-Related Sexual Violence Against Men and Boys*

**Valerie Oosterveld** (Western University, Canada):

*International Criminal Law and Conflict-related Sexual Violence Directed Against Men and Boys: Recent Jurisprudence, Gaps, and Progress*

**Paula Drumond** (PUC Rio, Brasil) and **Maria Stern** (University of Gothenburg, Sweden):

*Sexual Violence in the Wrong(ed) Bodies*

19:30 **Conference dinner**

## Friday, 7<sup>th</sup> of October 2022

### 09:00 – 10:30 Symposium 2: Masculinities, Culture of Silence, Experiences of Stigma and CRSV

Chair/Discussant: Sandrine Lusamba and Suhail Abualsameed

**Robert U. Nagel** (Georgetown Institute for Women, Peace and Security, USA):  
*Sexual violence against men and the potential for transforming masculinities*

**Élise Féron** (Tampere University, Finland):  
*Wartime sexual violence against men and post-conflict reconciliation: an embodied approach*

**Iris Manor-Binyamini** (Technion, Israel):  
*Exposing the secret. Listening to Bedouin men who have experience sexual violence*

**Henri Myrntinen** (University of Bremen, Germany):  
*Calibrating Visibility – Homophobic GBV and Adapting Gender Performances for Survival in Syria and Lebanon*

### 10:30 – 11:00 Coffee break

### 11:00 – 12:30 Symposium 3: Trauma and Resilience in men and boys who experienced CRSV

Chair/Discussant: Maria Böttche and Marie Kaiser

**Philipp Schulz** (University of Bremen, Germany):  
*Beyond Vulnerability: Male Survivors as Active Political Agents*

**Edward Alessi** (Rutgers, The State University of New Jersey, USA) and **Sarilee Kahn** (McGill University, Canada):  
*Experiences of Sexual Violence among Cisgender Gay Trans Men in Pre- and Post-Migration Contexts: Using Qualitative and Mixed Methods Research to Generate Practice Recommendations for Treating Trauma and Promoting Resilience*

**Patricia Ollé Tejero** (All Survivors Project):  
*Identifying and responding to health care barriers faced by men and boy victims/survivors of sexual violence in conflict in Colombia*

### 12:30 – 13:30 Lunch break

### 13:30 – 15:00 Keynote lecture

**Jill Stauffer** (Haverford College, USA via Zoom):  
*Diagnosing Ethical Loneliness: Challenges involved in listening to difficult stories*

### 15:00 – 15:30 Coffee break

## 15:30 – 17:00 Symposium 4: CRSV against men and boys in the context of the current situation in Ukraine

Chair/Discussant: Sabine Lee and Yuriy Nesterko

**Marta Havryshko** (National Academy of Sciences of Ukraine / Basel University):  
*Hidden Crime: Sexual Violence against Men and Boys during Russia's War on Ukraine*

**Yuliia Anosova** (Lawyer, NGO "La Strada-Ukraine", via Zoom): *Providing assistance to male survivors of war-related sexual violence in Ukraine: General considerations and experience of the civil society organization "La Strada-Ukraine"*

**Olga Chuyeva** (CRSV Response Specialist UNFPA Ukraine):  
*Survivors-centered, rights-based approach with holistic support services for survivors of CRSV in Ukraine*

## 17:00 – 17:30 Coffee break

## 17:30 – 19:00 Symposium 5: Experiences from the field – context specifics

Chair/Discussant: Susan Bartels and Eunice Apio

**Hollie Nyseth Nzitatira** (Ohio State University, USA):  
*Gender-Based Violence Against Men and Boys in Darfur*

**Katherine Gambir** (Women's Refugee Commission, USA):  
*CRSV against men and boys*

**Heleen Touquet** (KU Leuven, Belgium):  
*The (in)visibility of male-directed sexual violence*

**Charles Waddimba** (Makerere University Kampala, Uganda): *Refugee male survivors seeking health care in Uganda: Experiencing and overcoming stigma and categorization*

## 19:00 – 19:30 Closing session

## 19:30 Light dinner (sandwich package)

## Rethinking the Silence Surrounding Conflict-Related Sexual Violence Against Men and Boys

Author: **Jenna Norosky**

University of Massachusetts, Amherst, USA

*Abstract:* Long described as one of the international community's most neglected issues, male conflict-related sexual violence (CRSV) is now increasingly acknowledged by the CRSV protection regime. What are the implications of this shift? The literature rightly unpacks the marginalization of male CRSV in terms of gender norms; however, it neglects to consider how those norms intersect with other power relations in the global context. This article argues that male CRSV remains an "uncomfortable subject" due to its location within a broader system of racialized/gendered meaning underpinning the "weapon of war" framework. To illuminate the theoretical utility of this context in understanding the marginalization of male survivors, this article analyzes the 2014 Global Summit to End Sexual Violence in Conflict. Leaders of the Summit securitized CRSV by relying on tropes of Global South men as backwards regarding practices of gender and sexuality, and situating CRSV as a "pre-modern" weapon. This framework reproduces a racialized hierarchy of masculinity anticipating men from "conflict countries" as potential perpetrators in need of intervention, and men from "safe countries" as role models for gender-conscious militarized manhood. CRSV against men and boys thus fits uncomfortably in the present CRSV protection regime despite recent efforts to combat the "stigma" of male sexual victimhood.

### *About the author:*

Jenna Norosky is a PhD student studying Political Science at the University of Massachusetts Amherst. They study International Relations with interest areas including political violence, human security, and international war law. They are currently researching sexual violence against men in conflict, and human rights in the context of imperialism and counterinsurgency. Their research is interdisciplinary and draws from qualitative and critical methods. Jenna holds a B.A. in Political Science from Reed College.



## Genocidal rape?

### Male victims of sexual violence at the International Criminal Tribunal for Rwanda

Author: **Anna Gopsill**

University of London, UK

#### 1. Introduction

Sexual violence as a systematic method and tool of warfare really came into the international consciousness in the mid-1990s. Images of vulnerable women were projected worldwide and awareness of this gendered form of violence began to grow in the public consciousness. While the relationship between conflict and sexual violence is well-established and a recognised aspect of conflict, the rhetoric surrounding it has largely focused on the dichotomous perspective of the male perpetrator-female victim. Arguably, this reduces men to being the aggressor and excludes them from the concept and prospect of victimhood.

This summary paper briefly explores some of the conceptualisations of sexual violence at the International Criminal Tribunal for Rwanda. Focusing on male victims of sexual violence – particularly genital mutilation and acts of psycho-sexual violence – the paper argues that sexual violence against men should be considered within the canon of genocidal violence perpetrated in Rwanda. I argue that the patterns of violence witnessed during genocide in Rwanda were deeply gendered and created a condition of gendered fear that permeated throughout the population.

I approach the work with a qualitative methodological approach. Through a close reading of court indictments and judgements related to trials within which rape and/or torture was a main focus, I examine the nuances of gendered discourses at the tribunal and reflect on the nexus between masculinity, violence, and vulnerability in the tribunal space. This summary paper presents some constituent arguments and reflections from a larger paper where the tribunal transcripts are uncovered in more depth.

#### 2. Genocidal rape

To very briefly outline the parameters of genocidal rape, we turn to the working definition of genocide in the legal sphere, the 1948 Convention on the Prevention and Punishment of the Crime of Genocide. The aim here is not to problematise this definition, but rather to outline the genocide convention as it stands, and refer to the primary legal document outlining the parameters of what can be considered to be genocide in international law. According to the Convention, genocide can legally constitute:

- a. Killing members of the group;
- b. Causing serious bodily or mental harm to members of the group;
- c. Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- d. Imposing measures to prevent births within the group;
- e. Forcibly transferring children of the group to another group.

According to article II of the convention, the above acts must be “committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such” (Genocide Convention). Acts must also be targeted against the group collectively, ergo an individual act against an individual person cannot constitute an act of genocide.

Thus, if there is an intent to destroy the group through means, such as sexual violence, then it follows that the act can be considered an act of genocide. Sexual violence may take different forms, be perpetrated in different arenas and at different stages of genocide, but the understanding here is that when rape is perpetrated with a broader political aim, it can constitute an act of genocide (Sharlach 2000).

### 3. What do we know about genocidal rape in the Rwandan context?

In the context of the Rwandan genocide, sexual violence formed a pattern of violence. An estimated 250 000 to 500 000 women were raped during the genocide in 1994. However, this does not tell the full story of gendered violence during the genocide.

The Rwandan genocide happened over a period of 100 days from April 1994. The genocide did not happen suddenly, and the gendered dimensions of the genocide should also not be surprising. In the period before genocide in Rwanda, there was widespread propaganda which 'othered' the Tutsi population, calling them cockroaches and inciting violence against them. Tutsi women were framed as seductresses, as prostitutes and as deceitful in state media – particularly through the Radio Télévision Libre des Mille Collines (RTLM) media outlet, cartoons, and written media. This clear and intentional propaganda laid the groundwork for the genocide and the unrelenting gendered undertones meant that Tutsi women were clear targets for violence. As such, the attacks of sexual violence and rape that were perpetrated during the period of genocide in the country were not opportunistic attacks perpetrated by individuals, against individuals. Rather, the attacks formed a systematic method of genocide that had been laid in motion in the years previously with relentless propaganda.

During the genocide, rape and sexual violence were extremely prevalent. As the Human Rights Watch report *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath* states: "Although exact figures will never be known, testimonies from survivors confirm that rape was extremely widespread. Some observers believe that almost every woman and adolescent girl who survived the genocide was raped" (Nowrojee 1996). Even the most conservative estimates gage that approximately 250 000 women and girls were raped during the three-month genocide, with the highest number being 500 000 victims. Rape in Rwanda was very hard to document and to verify. Not least because of a lack of reliable eye-witness testimony and the high number of deaths resulting directly from rape during genocide. Where witness and survivor testimony cannot be secured, tribunals can turn to perpetrators for their testimony. However, in the Rwandan case, and many other such sensitive cases, perpetrators were unwilling to come forward as perpetrators of sexual violence. The lack of documentation and verification of violence is further increased when discussing male victims of the violence. This is due to the code of silence surrounding male victimhood and vulnerability, and the potential stigmatisation related to coming forwards (De Brouwer 2015). In addition, many men were killed either as a result of the violence, or were castrated post-mortem meaning that the true number of men who were victim to these forms of violence will never be known.

In response to the widespread violence in Rwanda, the International Criminal Tribunal for Rwanda was established by the UN in 1994 with the express aim to investigate and charge allegations of genocide, rape, and other crimes that were originating from the Rwandan genocide. The tribunal started its mandate at the end of 1994 and covered the violence that happened during 1994. The tribunal finished its mandate and closed in 2016, after convicting 61 individuals.

Sexual violence and its widespread perpetration as a method of war and genocide during genocide in Rwanda is well documented. Indeed, the International Criminal Tribunal for Rwanda (ICTR) was the first international tribunal to establish that rape was an act of genocide in the landmark case of the ICTR v. Jean-Paul Akayesu. However, while a significant development in international jurisprudence, the rhetoric surrounding sexual violence continued to centre on the female experience of this violence. Significantly, at the ICTR, perpetrators were found guilty of genocidal sexual violence against women, but not against men.

### 4. Patterns of violence

Considering patterns of perpetration of sexual violence identified during the Rwandan genocide, a common and resurfacing theme is that of vulnerability, and specifically vulnerability to gendered harms. In his book *Shake Hands with the Devil*, Romeo Dallaire writes "Some male corpses had their genitals cut off...They died in a position of total vulnerability, flat on their backs, with their legs bent and their knees wide apart."

The themes of vulnerability and genital mutilation are echoed in court judgements from the ICTR. In the Karemara judgement, for example, a witness testified that during the genocide, they saw the bodies of both

men and women with mutilated sexual organs. These victims were completely removed from any control and the mutilation of these vulnerable bodies speaks to a manifestation of aggressive gendered harms. Significantly, these bodies were also left in public spaces as a threat to the rest of the population.

Witness testimony in the Muhimana trial also speaks of this terrible violence:

*“Witnesses BF testified that an unidentified Interahamwe carried a white jute bag, which he opened, and that the Accused removed Kabanda’s head from the bag and hung it in the window of Kabanda’s store, between two iron bars. Prosecution Witness BE testified that the Accused’s relative, an old man named Ndoliyobijya, told him that Kabanda’s head was hung on a window of Kabanda’s home and that his genitals were hung on a pole. After the war, in October 1994, the witness was able to personally confirm this information”* – judgement from the Muhimana case, ICTR-95-01-B, para. 443

Here, we see the violence that happened, the public nature of it, and the threat of future violence. In this case, the victim was a prominent member of the community: a Tutsi policeman (Mullins, 2009). By displaying the mutilated body of the policeman, a clear message was sent to the local community. The intentions behind this were gendered and motivated by expression of power and dominance. This is not the only example of this that was evident at the ICTR. As such, acts of public genital mutilation – pre- or post-mortem can be considered as a pattern of violence that was perpetrated during the genocide.

Additionally, post-mortem genital mutilation clearly states the intentions of the perpetrator to maim and kill. As such, it constitutes a clear and visible gendered threat that renders the victims vulnerable and powerless even after death. The result is a sustained fear of gendered harm and violence that persists. The crude and brutal removal of the external sexual organs symbolises an utter dominance over the individual – and additionally acts as a threat to the remainder of the population. By displaying these mutilated bodies in public areas, the sustained gendered threats on the bodies of other individuals is clear. As such, this violence can contribute to populations fleeing from the areas where they lived due to fear and sustained threats, or being forced into secrecy and hiding.

Another pattern of violence intended to distil fear into the population is that of forced nudity. Again, this appears as a common theme throughout the genocide and was perpetrated on many different levels. Turning to the Bagosora judgement, we see this referred to:

*“at some point in April, Witness ZF accompanied Nsengiyumva to the Commune Rouge, a cemetery in Gisenyi where people were executed. As their vehicle stopped briefly, the witness saw a group of militiamen, led by Omar Serushago and armed with traditional weapons and guns who were standing near another group of naked civilians”* – judgement from the Bagosora case, ICTR-98-41-Y, para. 1725

The forced nudity enhances the feelings of vulnerability among the group and reiterates the power of the perpetrator. Additionally, these acts of forced nudity were frequently coupled with threats of violence – including threatening rape of the individual, threatening that a close family member would be raped, or threatening to rape others within the community (Karemara case judgement, ICTR-98-44-T, para. 1357).

## **5. Masculinity, genocide, and the International Criminal Tribunal for Rwanda**

In common with other cases in international jurisprudence and in broader discussions of war and genocide, men were primarily conceptualised by the ICTR as victims of killing or as perpetrators of violence. Rarely were men considered by the tribunal chambers as victims of sexual violence, and never as victims of genocidal rape. As with the International Criminal Tribunal for the former Yugoslavia (ICTY), the ICTR did not charge the indictees with crimes of genocide when their victims were male (Di Caro 2019). This is in contrast to the courts charging those who were found guilty of sexual violence against women with acts of genocide.

Complicating the international legal sphere is that to date, there is no internationally accepted or recognised definition of sexual violence within international law, meaning there is a lack of language through which victims

(male or female) can express what happened to them (Skjelsbæk 2018). Often, the abuse of men falls under categories such as 'torture,' 'crimes against humanity,' or another category of war crime creating a stumbling block for men achieving justice for the crimes perpetrated against them.

The ICTR's approach to male victims of sexual violence can be categorised as inconsistent, at best. Male victims of sexual violence were classified as victims of torture, victims of crimes against humanity, considered in other types of violence, or were ignored entirely. Contributing to the inconsistency, different perpetrators who committed similar crimes were found guilty of different acts of violence. Additionally, overarching conceptualisation of sexual violence against men as part of a broader regime of violence were missing from the tribunal.

In the judgement of the case of the Prosecutor v. Akayesu (Case No. ICTR-96-4-T) which outlined the parameters for what could be considered as "genocidal rape." Rape was defined as "physical invasion of a sexual nature, committed on a person under circumstances which are coercive. Sexual violence, including rape, is not limited to physical invasion of the human body and may include acts which do not involve penetration or even physical contact" (Prosecutor v. Akayesu, Case No. ICTR-96-4-T, Judgement, 688 (Int'l Crim. Trib. for Rwanda Sept. 2, 1998).

This presented a broader understanding of rape than has been considered previously, and opened the possibility of rape and sexual violence constituting acts of violence including threats, forced nudity, and other forms of psycho-sexual violence. The court also argued that sexual mutilation and sterilisation both prevent births within a group. As such, they could constitute an act of genocide (as legally defined in the 1948 Convention on the Prevention and Punishment of the Crime of Genocide). However, the application of this ruling was much less consistent through the court system. Indeed, in practice, this ruling only really applied to female victims of sexual violence – erasing men who suffered such violence from the discussions surrounding gender-based genocidal violence.

However, there is widespread evidence that men were castrated, genitally mutilated, and threatened with sexual acts and rape during the genocide. This, I argue, constitutes an act of genocide – especially when considered with the perpetration of other crimes throughout the genocide: killing, rape, and coordinated acts of sexual violence and rape perpetrated against women and girls.

## 6. Conclusion

As briefly outlined in this summary paper, my preliminary source analysis suggests that while the tribunal indeed made significant steps towards a better understanding of the connections between gender and genocide in the world of international law, there are still significant gaps. Many of these gaps are yet to be redressed by subsequent tribunals and courts. Specifically, at the ICTR, there was no full investigation of the levels of systemisation of sexual violence against men and much of the evidence of the widespread perpetration of sexual violence against men remains buried in lengthy court transcripts or was not categorised as sexual violence and was instead couched in terminology of torture or crimes against humanity.

A major oversight from the tribunal was that the tribunal did not even open discussions regarding whether sexual violence against men in Rwanda could constitute an act of genocide. Again, this is despite the evidence of castration, genital mutilation, and forced nudity that created an atmosphere of gendered fear that persisted throughout Rwandan society. Ultimately, I argue that the different forms of gendered violence perpetrated throughout the genocide in Rwanda contributed to a paradigm whereby the population as a whole are facing a gendered fear. As such, each individual is vulnerable across multiple dimensions – as individuals, within family structures, and within community structures – to facing extreme gendered violence. This fear of violence, in turn, creates a power shift where one group is considered more vulnerable and more at risk of violence.

Turning once again to the Akayesu judgement which clarified that sexual violence could include acts of violence that did not involve penetration or even physical contact, we can establish that the threats of violence and forced nudity indeed constituted acts of sexual violence and should have been considered as such by the ICTR. However, the inconsistent approach of the courts to these acts of violence has meant that many of these acts were not recognised as acts of sexual violence.

Increased recognition of how sexual violence is perpetrated and how it is perpetrated systematically could further recognition of male victims as victims of politicised sexual violence. In turn, this could inform policy-makers, NGOs, and those who work with male survivors of sexual violence and torture. The recognition that men can also be victims of genocidal sexual violence also recognises the breadth of suffering that men can experience during war, conflict, and genocide. In addition, the calculated methods of the prevention of births within the group through the repeated rape of women, and the calculated mutilation of men is a clear violation of the genocide convention and thus could constitute an act of genocide, legally defined.

## 7. Selected sources

- Nowrojee, Binaifer, *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath* (Human Rights Watch, 1996)
- Dallaire, R., 2003. *Shake hands with the devil. The failure of humanity in Rwanda*. London: Arrow Books.
- de Brouwer, Anne-Marie, *The Importance of Understanding Sexual Violence in Conflict for Investigation and Prosecution Purposes*, 48 *CORNELL INT'L L.J.* 639, 643 (2015).
- Di Caro, Claire, *Call It What It Is: Genocide Through Male Rape and Sexual Violence in the Former Yugoslavia and Rwanda*, 30 *Duke Journal of Comparative & International Law* 57-91 (2019)
- Mullins, Christopher W. 2009. "He would kill me with his penis": Genocidal Rape in Rwanda as a state crime. *Critical Criminology* vol. 17: pp.15-33
- Sharlach, Lisa, *Rape as Genocide: Bangladesh, the Former Yugoslavia and Rwanda*. *New Political Science* 22(1): 89-102
- Skjelsbæk, Inger. 2018. "Silence Breakers in War and Peace: Research on Gender and Violence with an Ethics of Engagement." *Social Politics: International Studies in Gender, State & Society*. 25(4).

## ICTR case references

- Prosecutor v. Akayesu, Case No. ICTR-96-4-T, Judgement, 688 (Int'l Crim. Trib. for Rwanda Sept. 2, 1998)
- Prosecutor v. Bagosora, Case No. ICTR-98-41-Y, Judgment 688 (Int'l Crim. Trib. for Rwanda Dec. 18, 2008)
- Prosecutor v. Muhimana, Case No. ICTR-95-01-B, Judgement (Int'l Crim. Trib. for Rwanda Apr. 28, 2005)
- Prosecutor v. Karemera, Case No. ICTR-98-44-T, Judgement (Int'l Crim. Trib. for Rwanda Feb. 2, 2012)

### About the author:

Anna Gopsill is a PhD candidate in Human Rights at the School of Advanced Study, University of London. Her research focuses on the nexus between gender and genocide, with a specific emphasis on masculinity and sexual and gender-based violence. Her PhD project centres on how male victims of sexual violence were conceptualised and addressed by international courts and institutions in the aftermath of genocide in Rwanda and Bosnia-Herzegovina. She holds an MA in Holocaust and Genocide Studies from the University of Amsterdam and an MA in Modern History from the University of St Andrews. Additionally, Anna works as a project assistant for Chr. Michelsen Institute, a development research institute in Bergen, Norway. She is research affiliate at the Centre on Law and Social Transformation, also based in Bergen.

## Turning the holistic care model into a gender sensitive care programme for treatment of conflict related sexual violence against men: challenges and setbacks

Authors: **Ali Bitenga Alexandre**

International Center for Advanced Research and Training (ICART), DRC

### Introduction

Although sexual violence affects both men and women in armed conflicts, it has received greater attention as a crime against women (Alexandre *et al*, 2022; Grey & Shepherd, 2013; Christian *et al*, 2011). Grey and Shepherd (2013) described the invisibility of male survivors of sexual violence in policy and programming as 'absent present' cases of sexual violence. The holistic care model was developed by Panzi Hospital in eastern DRC to provide medical, psychosocial, socioeconomic and legal supports initially to female survivors of sexual violence (Mukwege & Berg, 2016).

Panzi Hospital receives around 300 survivors of sexual violence per month of which 1% are males (Alexandre, 2021). Significant attention has been devoted to the analysis of the relevance of the holistic care model, and how well it works for female survivors of sexual violence (e.g., Vidale-Plaza, 2023; Mukwege & Berg, 2016). There is increased evidence that the holistic care model is relevant and positively impacts female survivors of sexual violence although a more rigorous systematic evaluation is yet to be conducted (eg., Mugisho *et al*, 2022; Mukwege & Berg, 2016). The extent to which the holistic care model works well for male survivors of sexual violence has not yet been examined.

The goal of this blog post is to describe various challenges that male survivors face at each pillar of the holistic care model to inform future interventions to promote access to care and service utilization for male survivors. This blog post posits that unraveling challenges that male survivors face at each level of the holistic care model is a crucial step in our efforts to turn the holistic care model into a gender sensitive care approach for treatment of conflict related sexual violence for both women and men.

Panzi and Mulamba Hospitals in eastern DRC are fruitful sites through which to investigate experiences of male survivors with the holistic care model. These organizations have been providing holistic care support to both female and male survivors of conflict related sexual violence for many years respectively in Bukavu and in Walungu territory. Mulamba Hospital Center is run by Panzi Foundation DRC. Panzi Hospital and Panzi Foundation DRC were created both by Doctor Denis Mukwege respectively in 1999 and in 2008 to provide care for survivors of sexual violence and to fight sexual and gender based violence in all its forms.

The findings of this blog post are based on interviews conducted in eastern DRC in 2021 with male survivors of sexual violence, service providers and community members in the framework of my master's programme in Peace and Development at Linnaeus University in Sweden (Alexandre, 2021).

### Overview of the holistic care model for survivors of sexual violence

The holistic care model is grounded in evidence based medical, psychological, and socioeconomic and legal needs of survivors of sexual violence (Mukwege & Berg, 2016). Its medical component addresses complex effects of sexual violence on physical health including treatment and prevention of sexually transmitted infection, prevention of unwanted pregnancies for female survivors in reproductive age, repair of fistula associated with sexual violence etc. Post-exposure prophylaxis for HIV and sexually transmitted diseases is provided for women and men arriving within 72 hours post abuse (Mukwege & Berg, 2016). The psychological pillar of the model provides a wide range of therapies, depending on the needs and the choice of the survivors themselves, including counseling, music therapy, drama, dance therapy, occupational therapy activities etc. The socioeconomic support offers a variety of services to survivors in order to enable them to become financially autonomous and economically productive. Socioeconomic services include, but are not limited to, access to loans, training in different vocational skills, income generating activities, business skills, leadership, household maintenance, hygiene, nutrition skills etc. The legal assistance helps survivors decide whether or not to take legal actions against the perpetrator (Mukwege & Berg, 2016).

### **A difficult access and utilization of medical care services for male survivors**

Male survivors are hospitalized in internal medicine rooms with other male patients with various physical conditions both at Panzi and Mulamba Hospitals. However, most male survivors come to hospital when it is too late, often when symptoms are unbearable. Some male survivors refrain from seeking care because of shame and stigma associated with rape against men. According to some male survivors and community members, a male penetration by another male reflects homosexuality which was seen as a pathogenic and an extremely abnormal sexual orientation. "If you want to irritate a man in my village, you call him in Ntazi<sup>11</sup>", said a community member. However, service providers said that male survivors whether they are gays or not, they have a right to holistic care as all human beings.

Moreover, some male survivors are hindered by hegemonic masculinity ideals that see men as strong and invulnerable human beings. The expression "a man never cries", common in eastern DRC, encourages men to be strong physically as well as emotionally. Seeking support was seen as a sign of weakness by some male survivors and community members. Furthermore, some survivors saw the distance from their home to the health facility as an additional barrier to care. However, other male survivors regarded distance as an opportunity for care access and service utilization. "I wanted to be treated far away from home because nobody knows me there."

Transportation cost from home to care facility was seen as an additional challenge by survivors: "it was hard to arrive in Bukavu due to the lack of transportation fees, but by chance the Red Cross brought me there." However, the transportation cost is not a significant problem for female survivors as several NGOs cover it for them (Alexandre et al, 2022). Generalized insecurity in eastern DRC increasingly complicates access to care for male survivors: "sometimes you want to travel for care, but you fear to meet with armed groups on the way, they can rape you again or kill you."

In addition, a medical doctor reported that often some male survivors report wrong conditions or hide their rape experience, making it hard to make appropriate assessment of their condition. Some male survivors hide their experience with rape because of shame and others fear being confused with gays, which may lead to social exclusion. However, a doctor said: "we cannot reveal the confidentiality of a patient to anybody; we were trained in ethics as health workers."

### **Complications with psychosocial service provision for male survivors**

The predominant idea that men never cry in eastern DRC was seen as one of the barriers preventing male survivors from seeking care. Service providers reported that most male survivors opt out of psychological care due to dominant ideas that men are expected to be physically and emotionally strong. Because of this conviction, some male survivors literally reject psychosocial services and believe in their natural capacity to overcome trauma and regain emotional balance as men.

Psychotherapy is offered in groups or individually at Panzi and at Mulamba Hospitals. Although group therapy has proven to be efficient for emotional healing for female survivors (Cikuru et al, 2021), many male survivors avoid group therapy as they want to hide their experience with rape both from the psychologists and their male counterparts. However, this discretion/silence may delay the healing process. Evidence shows that verbalization of a traumatic event is a key step toward emotional balance (Harris, 2009). The reasons why male survivors hide their stories include shame, the fear to be identified as gays and discomfort to be consulted by a female social worker or psychologist. However, a male survivor said: "You feel ashamed when you have no pain but when it is painful, you must report your problem, so they help you find a solution."

In addition, occupational therapy provided at Panzi Hospital is mainly based on tasks predominantly performed by women in eastern DRC, such as basket making, knitting and embroidery etc. A community member respondent commented: "when you start doing knitting or embroidery because you were raped, then you accept to be a woman doubly."

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<sup>1</sup> Ntazi means gay in Mashi language.

While home based therapy was viewed as an alternative to hospital based care by some respondents, others critiqued this approach: “what if your wife or family discovers that you were raped?”, asked a community member. All these challenges make it difficult to provide adequate psychological care for male survivors. However, research shows that male survivors are seriously impacted by sexual violence both physically and psychologically (e.g., Chynoweth et al, 2017).

### **Male survivors in a gendered socioeconomic sector**

The socioeconomic sector is highly gendered in eastern DRC with women and men generally involved in quite different income generating activities (Alexandre et al, 2022). The socioeconomic pillar of the holistic care model offers some vocational training programmes mostly to female survivors, such as tailoring, embroidery and knitting, bakery, basket making, culinary art, agriculture and other income generating activities. However, most male survivors are interested in different income generating activities, such as taxi driving, carpentry, construction, automotive mechanics, welding, and shoe making, which are activities predominantly performed by men in eastern DRC. “Male survivors should be trained in carpentry, taxi driving or construction, shoes making and in other things”, said a male survivor. However, these services are not /or are offered to a limited extent at Panzi Hospital and at Mulamba Hospital. Some service providers said that a gender sensitive socioeconomic programme for male survivors is expensive to run because there is no specific budget allocated to male survivors in the holistic care model. Recently however, Panzi Foundation DRC has started hairdressing and carpentry training programmes for women in order to start deconstructing progressively gendered patterns of labor in eastern DRC. However, a lot is still to be done in eastern DRC to make the labor market “gender neutral.” This process can take several decades and change is contingent on the involvement of several actors locally, nationally and internationally.

### **Complications in the legal service provision for male survivors**

Most male survivors do not initiate legal actions against perpetrators compared to female survivors. The majority of male survivors who go to court are minors, usually guided by their parents or family members (Alexandre et al, 2022). Legal proceedings are usually public in DRC for educational purposes to deter potential criminals. However, most male survivors do not want their case to be public for confidentiality reasons. A male survivor commented: “it is not good if people know that you have that problem.” Although some survivors wear balaclavas during legal proceedings, some respondents feared that male survivors can still be identified through their voice, which may lead to stigma.

In addition, corruption is a major barrier to legal service utilization in eastern DRC. A survivor said: “you will lose your time, you will not receive compensation and the perpetrator will not be punished, if he has more money than you.” Another male survivor said: “I asked the police to arrest the perpetrator but he gave them money since he owns a gold pit and the police kept silent.” It was also mentioned that it is hard to get hold of perpetrators from armed groups as they are out of the government control. The lack of information about legal support for male survivors prevents many from seeking legal services. Many people in the community believe that legal services are only free and accessible for female survivors of sexual violence.

### **Conclusion**

The holistic care model has been designed initially mainly to meet the needs of female survivors of sexual violence. However, experience shows that men are also victims of conflict related sexual violence and they need a holistic treatment to effectively heal from rape symptoms. Although services providers strive to offer high quality services to male survivors, empirical evidence suggests that they were not strategically and culturally prepared to accommodate male survivors of sexual violence within the holistic care model. There is therefore an urgent need to translate the holistic care model into a gender sensitive programme responding both to the holistic needs of both female as well as male survivors of sexual violence while keeping the principle of gender equality in all the processes. Future research should focus on how best to assist male survivors based on multiple challenges and barriers studied in this blog post.



## References

- Alexandre, A. B., Rutega, B., Byamungu, P. A., Notia, C. A., & Alldén, S. (2022). A man never cries: barriers to holistic care for male survivors of sexual violence in eastern DRC. *Medicine, conflict and survival*, 38(2), 116–139.
- Alexandre, A.B. (2021). "Hidden survivors of sexual violence: challenges and barriers in responding to rape against men in Eastern DRC."
- Christian, M., Safari, O., Ramazani, P., Burnham, G., & Glass, N. (2011). Sexual and gender based violence against men in the Democratic Republic of Congo: effects on survivors, their families and the community. *Medicine, conflict and survival*, 27(4), 227–246.
- Chynoweth, S. K., Freccero, J., & Touquet, H., (2017). Sexual violence against men and boys in conflict and forced displacement: implications for the health sector. *Reproductive health matters*, 25(51), 90–94.
- Cikuru, J., Bitenga, A., Balegamire, J. B. M., Salama, P. M., Hood, M. M., Mukherjee, B., ... & Harlow, S. D. (2021). Impact of the Healing in Harmony program on women's mental health in a rural area in South Kivu province, Democratic Republic of Congo. *Global Mental Health*, 8, e13.
- Grey, R., & Shepherd, L. J., 2013. "Stop rape now?" Masculinity, responsibility, and conflict-related sexual violence. *Men and Masculinities*, 16(1), 115–135.
- Harris, D. A. (2009). The paradox of expressing speechless terror: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress. *The Arts in Psychotherapy*, 36(2), 94–104.
- Mugisho, G. M., Maroyi, R., Nabami, S., Kasherwa, A. C., Bitenga, A., & Mukwege, D. (2022). Sexual and Gender-Based Violence victims' satisfaction of the support services through the holistic model of care in the Democratic Republic of Congo. *Discover Social Science and Health*, 2(1), 22.
- Mukwege, D., & Berg, M. (2016). A holistic, person-centred care model for victims of sexual violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care. *PLoS medicine*, 13(10), e1002156.
- Vidale-Plaza, D. (2023). A Survivor-Centered and Holistic Ethics of Care: A Reflection on Ethics of Care in Practice and Within Survivor Groups. *Journal of Genocide Research*, 1–15.

### About the author:

Ali Bitenga Alexandre is a junior researcher at the International Center for Advanced Research and Training. His research focuses on gender, violence, masculinity and health. His aim is to inform policy and interventions through evidencebased data and eventually promote the scaling-up of research findings into changes in policy and practice.

## Beyond Stigma

### The Role of the Ugandan-Based Refugee Law Project in Supporting Men Subjected to Sexual Violence in Conflicts

Author: **Karoliina Lehtola**

Tampere University, Finland

#### Background

Uganda is the third largest refugee-hosting country globally with over 1.5 million refugees, many from the Democratic Republic of Congo (DRC) and South Sudan (UNHCR, 2022). Moreover, refugee populations in Uganda have been highly affected by conflict-related sexual violence. It is estimated that there are over a million men who have experienced sexual violence in the Eastern region of DRC. Although reported cases significantly depend on the formulation of the questions, the available data indicates that sexual violence against men is systematic in conflicts. (Schulz, 2021, 38-39.) In Uganda, particularly Congolese and South Sudanese men have been reported experiencing sexual violence in conflict-affected situations (Dolan, 2017; Dolan, 2014). Moreover, rapes, mutilations, and tortures were widespread during the Northern Ugandan war (1986-2006) between the rebel group Lord Resistance Army and the Ugandan government. Both armed groups committed war crimes against civilians, and civilian men were forced to commit sexual violence against their families and community members (Schulz, 2021). In addition, gang rapes of men committed by soldiers from both groups were reported in the Northern Ugandan war. (Edström et al., 2016, 25.) Nevertheless, the notion that armed groups solely commit sexual violence gives a narrow overview of sexual violence in different conflict situations. (Touquet et al., 2020, 27.)

Although the two-decades-long war ended in 2006, sexual violence has been pervasive in the Northern Ugandan communities, including among the conflict-affected populations in the country. However, sexual acts between men are understood as consensual in the domestic legislation precluding the legal recognition of men who have experienced sexual violence, including essential support services (Schulz, 2018). Even though the masculinity beliefs vary in Uganda, the social barriers that hinder men from receiving support services are constructed through the hegemonic idea of heterosexual men being the strong “protectors” and “breadwinners” disregarding male vulnerabilities (Myrntinen, et al., 2017). Thus, the Ugandan-based non-governmental organizations are instrumental in implementing and providing direct support for men who have experienced sexual violence. One of these organizations is the Refugee Law Project that has been advocating for the legal recognition of men subjected to sexual violence since 1999 in Ugandan communities (RLP, 2022).

#### Conceptualizing sexual violence against men

In the international policy framework, conflict-related sexual violence is recognized as a systematic violence in conflicts affecting all genders (UN, 2021). Although women represent globally the largest group affected in the data, the narrow conceptualization of sexual violence has led to a limited understanding of male vulnerabilities in conflicts affecting the available resources to support men beyond the binary gender categories (Grey & Shepherd, 2013). For instance, the International Criminal Court has ignored to condemn male forced circumcision within the category of sexual violence (Vojdik, 2019). Moreover, sexual violence against men and boys is broader than rape, including genital violence, amputation of the testes or penis, forced sexual activity against other people, and forced witnessing of sexual violence, in many cases committed in front of a person’s family members or relatives (Women’s Refugee Commission, 2021). Thus, the scale and implications of sexual violence are extensive in conflict situations. During the Northern Ugandan war, the whole community was forced to witness sexual violence and thereby was affected by it. (Schulz, 2021, 59.) In addition, the conceptualization of conflict-related sexual violence excludes sexual violence in everyday contexts, including intimate partner violence men experience in Uganda (Waila et al., 2022).

Furthermore, the binary understanding of gender in the conceptualization of sexual violence has led to limited knowledge among health professionals, humanitarian workers, and war crime investigators to recognize

sexual violence against men. In Uganda, men do not often have a safe place to share their experiences because of the fear of being stigmatized which has led to unreported sexual violence cases (Myrntinen et al., 2017). Hence, the conceptualization of sexual violence is interlinked with sociocultural norms. Consequently, particular attention should be paid to the use of language in sexual violence responses. As Chris Dolan (2022) emphasized that words “they did very bad things to me” or “violence” can directly refer to sexual violence in Ugandan communities. (Dolan, personal interview, 2022). These examples underpin the need to bring more nuances and contextual insight into the discussion of sexual violence. In conclusion, the norms and beliefs interplay with the gender construction in Ugandan contexts affecting sexual violence responses (Cole et al., 2007).

### **Gender perceptions in Ugandan contexts**

In Uganda, the anti-homosexuality legislation that particularly targets same-sex relationships between men originates from British colonial rule over Uganda. Despite the imposed Christianity beliefs in constructing the heteronormative structures and institutionalized homophobia (Wahab, 2016), the emphasis on the state-building process maintains a Eurocentric portrayal of Ugandan communities simplifying the cultural and religious extremism (Cole et al., 2007). Although there were same-sex relationships in pre-colonial Uganda (Tamale, 2007), the historical evidence of same-sex sexual orientation has been questioned for universalizing the discourses of queer and maintaining western-led narratives of gender. Thus, a contextual understanding of gender formation requires an intersectional framework to analyze ethnicity, nationality, indigenous cultures, and diaspora dimensions in systems of domination (Matebeni, 2019; Ekine, 2013).

Moreover, social norms and beliefs are embodied in gender performativity that require constant re-formulation of the concept of gender in different sociocultural contexts. (Miescher et al., 2007,8.) Nevertheless, international donors have imposed the prevalent gender regimes through funding principles that do not recognize the whole spectrum of gender as dynamic, fluid, and contextual (Cole et al., 2007). In addition, mainly Western-based donor policy does not acknowledge the methods used in theorizing gender in African contexts. Thus, the funding allocated for development projects exemplifies the existing neoliberal power dynamics and maintains hegemonic knowledge production that contradicts with everyday performances of gender in Ugandan sociocultural environments (Macharia, 2015). Although it is crucial to avoid the colonial representation of “authentic African communities” regarding the discussion of communitarianism (Ekine, 2013), individuals position themselves in relation to their communities in Uganda that differ from the Western identity construction (Matebeni, 2019). However, this remark requires further analysis of the interactive dynamics and practices in Ugandan communities to provide insight into sexual violence responses.

In Uganda, heterosexual marriage and family life are seen as an ideal goal to promote culturally accepted traditional gender norms. However, the image of “a perfect heterosexual family” does not exist. Child brides, marital rape, forced marriages, and pregnancies are “normalized” forms of violence in Ugandan communities interlinked with discourses that produce homophobic and patriarchal structures. (Nyanzi, 2013, 954.) Yet, the misleading understanding of penetration being the “right way of having sex” displays the dominant heteronormality beliefs in Uganda deeply rooted in patriarchal structures in Uganda (Tamale, 2007). Moreover, men who have experienced sexual violence are often referred to as “less of a man” and “homosexuals” in Northern Ugandan conflict-affected Acholi communities. (Schulz, 2021, 10.) In some cases, homosexuality is associated with someone having a “psychosis” among healthcare workers. (Nyanzi, 2013, 955.) denoting the stigma around mental health that intersects with homophobia, colonial legacy, and masculinity beliefs (Kitafuna, 2022; Quinn & Knifton, 2014). Thus, the embodiment of the stigma in the context of African queer critique provides a framework for analyzing the stigmatization processes in political, social, and cultural spaces in Uganda (Goffman, 1963).

### **Organization-centric approach**

In Uganda, Refugee Law Project has been in a leading role in supporting men who have experienced sexual violence. Since 1999, the Ugandan-based human rights non-governmental organization has documented

different forms of sexual violence male refugees, and displaced persons have experienced in war-affected situations. In the early years, the organization operated as a community outreach project of the School of Law at Makerere University in Kampala to respond to the increasing needs of people escaping violence from Northern Uganda, DRC, and South Sudan. Over the years, the organization has expanded to offer legal assistance, provide counseling sessions, and facilitate training sessions for humanitarian workers, health professionals, and police officers to recognize sexual violence against men. Refugee Law Project has thirteen offices, and approximately 200 hired staff members. (RLP, 2022). The organization offers staff members educational training to recognize sexual violence. Moreover, the organization pays particular attention to the use of language in formulating questions and creating a safe place for the clients. Thus, Refugee Law Project educates the workers to interpret the body language of the clients to recognize their support needs (Dolan, personal interview, 2022). The organization has technically and financially assisted three peer support groups for men who have experienced sexual violence to strengthen their psychosocial well-being through collective activism (Edström et al., 2016). In addition, African Centre for the Treatment and Rehabilitation of Torture Victims and Grassroots Reconciliation Group are examples of NGOs providing assistance for men who have experienced sexual violence in Uganda (ACTV, 2022; GRG, 2022).

### **Method**

The data of this thesis is collected through semi-structured online interviews with the staff members of organizations that support men subjected to conflict-related sexual violence in Uganda. In total, I conducted five individual interviews, dividing the interview questions into different thematic areas. One of the organizations I selected to interview was Refugee Law Project because of its vital role in providing support for men in Uganda. I decided to use the name of the organization because Refugee Law Project is a large NGO having a well-known position and broad operation scale in Uganda. However, some of the interviewees are from a smaller NGO, and to protect their anonymity, I will not name the organization. In addition, I interviewed Chris Dolan, the former director of the Refugee Law Project, who gave me a permission to use his name in this thesis. Considering Dolan's prominent position in this research field and extensive work with men who have experienced sexual violence it is justified to use his name in this thesis.

I have analyzed the data using critical discourse analysis (Fairclough, 2003; Reisigl & Wodak, 2009; Dijk, 2009) with a particular focus on the metaphors, storytelling, and historical aspects to address the contextual nature of discourses in Ugandan sociocultural contexts (Lebura et al., 2017). As Hausermann and Adomako (2022) have suggested, I aim to be transparent and vulnerable to recognize my motivations to focus on this topic and embrace a self-reflective approach throughout the research process that allows me to understand my limitations as a European observer.

### **Aims of the thesis**

Although conflict-related sexual violence against men and boys is better recognized among researchers (see e.g., Schulz, 2021), little attention has been paid to the role of the organizations that support men in Ugandan communities. Thus, the organization-centric approach provides a less-addressed framework for identifying practises organizations use in supporting men in Uganda. However, very few researchers have analyzed the multi-sided stigma around sexual violence against men and the invisible positionality of the staff members in dismantling the social barriers through their work. Thus, an intersectional approach is needed to explore the role of the staff while planning and implementing training, courses, and psychosocial support for them.

In consequence, my research questions are the following:

- Question: How do the sociocultural contexts and stigmatization of men who have experienced sexual violence affect the methods and practices organizations use in supporting men in Uganda?
- Sub-question: How do the sociocultural contexts impact the educational training, including support services provided for the staff in Uganda?

## Preliminary findings

SOCIAL LEVELS	BARRIERS	RECOMMENDATIONS
GLOBAL	<ul style="list-style-type: none"> <li>The conceptualization of conflict-related sexual violence excludes male experiences and maintains a binary understanding of gender.</li> <li>Western-centric funding principles and imposed research methods overlook the hegemonic knowledge production. This leads to a narrow understanding of different sociocultural dynamics in sexual violence responses</li> </ul>	<ul style="list-style-type: none"> <li>Amplifying the voices of the feminist and queer researchers from the “Global South” to broaden knowledge of localized gender and sexuality perceptions</li> <li>Updating policy-led documents to recognize the importance of the context-specific approach to sexual violence</li> <li>Paying particular attention to the educational training providers and the pre-training of the foreign humanitarian workers</li> </ul>
STATE/UGANDA	<ul style="list-style-type: none"> <li>The anti-homosexuality legislation and institutionalized discrimination against LGBTQI+ communities</li> <li>Limited knowledge of sexual violence against men among the health workers</li> <li>Lack of mental health policies</li> <li>Political instability and state violence</li> </ul>	<ul style="list-style-type: none"> <li>Using a conflict transformation model in identifying the relevant actors to foster a multi-sectoral response to sexual violence</li> <li>Exploring the possibilities for collaborative work among the Ugandan-based organizations regarding the implementation of training, courses, and peer support</li> <li>Fostering the cooperation with activists’ networks in Uganda</li> </ul>
COMMUNITY	<ul style="list-style-type: none"> <li>The social dynamics and cultural beliefs that preclude men from seeking support (the role of the clan, community, and religious actors)</li> <li>The stigma around mental health that intersects with institutionalized homophobia</li> <li>The heteronormative structures that maintain the stigmatization of men who have experienced sexual violence</li> </ul>	<ul style="list-style-type: none"> <li>Identifying the key actors that have a significant role in contributing to promoting multi-sectoral response to sexual violence against men</li> <li>Exploring community-based practices in sexual violence responses (e.g., Psychosocial assessment tools)</li> </ul>
ORGANIZATIONAL	<ul style="list-style-type: none"> <li>Lack of resources and funding of the organizations that support men in Uganda</li> <li>Limited access to psychosocial support and support services for the staff members</li> <li>The homophobia affects organizations that tackle sexual violence against men; the staff can be perceived as “gay”</li> <li>Little knowledge of how to counsel sexual and gender minorities</li> </ul>	<ul style="list-style-type: none"> <li>Researching gender and sexuality construction in Ugandan contexts can provide useful insight for formulating questions and supporting people affected by sexual violence (e.g., the role of the community)</li> <li>Acknowledging that gender is dynamic, fluid, and performative can give practical tools for counseling LGBTQI+ groups (e.g., Re-think the identity-based formulation of the questions)</li> <li>Exploring different teaching and learning methods used by the organizations to train and support their staff (e.g., How the support is implemented in a “culturally-sensitive way” for the staff)</li> </ul>
INDIVIDUAL	<ul style="list-style-type: none"> <li>Limited access to psychosocial support and support services for the staff members (the exposure to heavy stories of the staff)</li> <li>Family relationships and gender expectations in Ugandan contexts</li> </ul>	<ul style="list-style-type: none"> <li>Paying particular attention to available support, including peer support</li> <li>Promoting an intersectional approach to explore the needs of the staff</li> </ul>

## Discussion

The “silenced culture” around sexual violence against men is a multi-level and multilayered phenomenon that has broader implications for sexual violence responses than has earlier been recognized. Moreover, the complex global and local dynamics construct a context-specific environment for tailoring support for people affected by sexual violence. Thus, a contextual understanding of the sociocultural environment provides less-addressed perspectives for analyzing barriers and identifying tools for organizations to support men. In addition, the knowledge production referring to the methods used in sexual violence responses reflect the mindsets and epistemic stances. In conclusion, recognizing that gender formation is a complex and contextual process can provide practical tools to formulate questions in sexual violence responses beyond the binary gender hierarchies.

Furthermore, the organization-centric focus contributes to broadening the discussion on implementing context-specific and multi-sectoral responses to sexual violence against men. Hence, I argue that paying particular attention to the staff members underpins the sustainable implementation of sexual violence responses. However, further research is needed on the potential use of the conflict transformation model to promote the collaboration between organizations and other relevant actors that tackle sexual violence against men in Uganda.

## References

- ACTV. (2022). African Centre for the Treatment and Rehabilitation of Torture Victims. (accessed December 2022): <https://actvuganda.org/>
- Cole, C. M., Manuh, T., & Miescher, S. F. (2007). *Africa after gender?* Indiana University Press.
- Dijk, T. V. (2009). *Society and Discourse. How Social Contexts Influence Text and Talk*. Cambridge: Cambridge University Press.
- Dolan, C. (2017). Hidden Realities. Screening for Experiences of Violence amongst War-Affected South Sudanese Refugees in northern Uganda. Working paper. (accessed December 2022): <https://reliefweb.int/report/uganda/hidden-realities-screening-experiences-violence-amongst-war-affected-south-sudanese>
- Dolan, C. (2014). Into the Mainstream: Addressing Sexual Violence Against Men and Boys in Conflict. A briefing Paper prepared for the workshop held at the Overseas Development Institute.
- Edström, J., Dolan, C, Shahrokh, T., & David, O. (2016). Therapeutic activism: Men of Hope Refugee Association Uganda breaking the silence over male rape in conflict-related sexual violence. Report. IDS Evidence Report (182). Institute of Development Studies.
- Ekine, S. (2013). Contesting narratives of queer Africa. In Ekine, S., & Hakima A. (Eds), *Queer African Reader*. Nairobi, Kenya: Pambazuka Press.
- Fairclough, N. (2003). *Analyzing discourse: Textual analysis for social research*. London: Routledge.
- Goffman, E. (1963). *Stigma: Notes of the Management of Spoiled Identity*. New York: Simon & Schuster.
- Grey, R., & Shepherd, L. J. (2013). Stop Rape Now? Masculinity, Responsibility, and Conflict-Related Sexual Violence. *Men and Masculinities*, 16(1), 115–135.
- GRG. (2021). Grassroots Reconciliation Group. (accessed December 2022): <http://grassrootsgroup.org/>
- Hausermann, H., & Adomako, J. (2022). Positionality, ‘the field,’ and implications for knowledge production and research ethics in land change science. *Journal of Land Use Science*, 17(1), 211–225. DOI: 10.1080/1747423X.2021.2015000
- Kitafuna, K. B. (2022). A Critical Overview of Mental Health-Related Beliefs, Services and Systems in Uganda and Recent Activist and Legal Challenges. *Community mental health journal*, 58(5), 829–834.
- Lebura, S., Wale-Oshinowo, B., & Boateng, D. A. (2017). *Understanding discourses within the African context*. Kidmore End: Academic Conferences International Limited.
- Macharia, K. (2015). Archive and method in Queer African Studies, *Agenda (Durban)*, 29(1), 140–146. DOI: 10.1080/10130950.2015.101029
- Matebeni, Z. (2019). Queer Theory, African. In Chiang, H. et al. (Eds.), *Global Encyclopedia of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) History*, vol 1, Charles Scribner’s Sons, 1333–1339.
- Miescher, S., Manuh, T., & Cole, C.M. (2007). Introduction: When Was Gender? In Cole, C. M., Manuh, T., & Miescher, S. F. (Eds.), *Africa after gender?* Indiana University Press.
- Myrtilinen, H., Khattab, L., & Naujoks, J. (2017). Re-thinking hegemonic masculinities in conflict-affected contexts. *Critical Military Studies*, 3(2), 103–119. DOI: 10.1080/23337486.2016.1262658
- Nyanzi, S. (2013). Dismantling Reified African Culture through Localised Homosexualities in Uganda. *Culture, health & sexuality*, 15(8), 952–967. DOI:10.1080/13691058.2013.798684
- Quinn, N., & Knifton L. (2014). Beliefs, Stigma and Discrimination Associated with Mental Health Problems in Uganda: Implications for Theory and Practice. *International journal of social psychiatry*, 60(6), 554–561.
- Reisigl, M., & Wodak, R. (2009). The discourse historical approach (DHA). In Wodak, R. & Meyer, M. (Eds.), *Methods for Critical Discourse Analysis*. London: Sage.
- RLP. (2022). Refugee Law Project. (accessed December 2022): <https://www.refugee-lawproject.org/>

- Schulz, P. (2021). *Male Survivors of Wartime Sexual Violence: Perspectives from Northern Uganda*. Oakland: University of California Press. DOI: <https://doi.org/10.1525/luminos.95>
- Schulz, P. (2018). Displacement from gendered personhood: sexual violence and masculinities in northern Uganda. *International Affairs*, 94(5), 1101–1119. DOI: 10.1093/ia/iyy146
- Tamale, S. (2007). Out of closet. Unveiling sexuality discourses in Uganda. In Cole, C. M., Manuh, T., & Miescher, S. F. (Eds.). *Africa after gender?* Indiana University Press.
- Touquet, H., Chynoweth, S., Martin, S., Reis, C., Myrntinen, H., Schulz, P., Turner, L., & Duriesmith, D. (2020). From 'It Rarely Happens' to 'It's Worse for Men'. *Journal of Humanitarian Affairs*, 2(3), 25–34. (accessed December 2022): <https://www.manchesteropenhive.com/view/journals/jha/2/3/article-p25.xml>
- UN. (2021). Conflict-Related Sexual Violence. Report of the United Nations Secretary-General, (30 March 2021). S/2021/312.
- UNHCR. (2022). Uganda Comprehensive. Refugee Response Portal. (accessed December 2022): <https://data.unhcr.org/en/country/uga>
- Vojdik, K. (2019). Towards a Gender Analysis of Sexual Violence Against Men and Boys in Conflict: Incorporating Masculinities Theory into Feminist Theories of Sexual Violence Against Women. In Mouthaan, S., & Jurasz, O. (Eds.). *Gender and War. International and Transitional Justice Perspectives*, 95–118. Intersentia.
- Wahab, A. (2016) Homosexuality/Homophobia Is Un-African? Un-Mapping Transnational Discourses in the Context of Uganda's Anti-Homosexuality Bill/Act. *Journal of Homosexuality*, 63(5), 685–718. DOI: 10.1080/00918369.2015.1111105
- Waila, J., Lule, H., Bärninghausen, T., Lowery Wilson, M., & Abio, A. (2022). Ugandan Men Exposed to Intimate Partner Violence: A Cross-Sectional Survey of Nationally Representative Data. *Journal of Prevention*, 43(4), 567–588.
- Women's Refugee Commission. (2021). Addressing Sexual Violence Against Men and Boys, and LGBTIQ+ Persons in Humanitarian Settings. A Field-Friendly Guidance Note by Sector. (accessed December 2022): <https://reliefweb.int/report/world/addressing-sexual-violence-against-men-boys-and-lgbtqi-persons-humanitarian-settings>

### *About the author:*

Karoliina Lehtola is a master's degree student in Peace, Mediation, and Conflict research at Tampere University. At the moment, she is writing her master's thesis that explores the role of the organizations in supporting men who have experienced sexual violence in conflicts. Before starting her studies at Tampere University, she worked as an intern at the Embassy of Finland in Namibia and numerous East African countries for different organizations. Her experiences from different countries have given her a more comprehensive understanding of climate change, social injustices, and structural racism as factors that increase sexual violence. During her internship in Northern Uganda, she learned about the effects of war among the conflict-affected Acholi communities, particularly sexual violence in post-conflict settings. In the future, she hopes to continue researching on this topic and contribute to discussions on CRSV. Karoliina was born and raised in Turku, a southern city in Finland, where she completed her bachelor's degree in international relations.

### Gendered-Perceptions of Men/Boys versus Women/Girls who were Victims of UN Peacekeeper-Perpetrated Sexual Exploitation and Abuse in Haiti

Author: **Carla King**

Department of Population Health, NYU Grossman School of Medicine, New York, NY

Department of Public Health, Queens University, Kingston, ON

Both men/boys and women/girls experienced sexual exploitation and abuse (SEA) perpetrated by members of the United Nations Stabilization Mission in Haiti (MINUSTAH). The purpose of this research was to examine how community members in Haiti perceived SEA perpetrated against the sexes and explore the implications of these perceptions on responses to peacekeeper-perpetrated SEA. We collected 381 micro-narratives from community members living around 10 UN bases in seven locations across Haiti from June to August 2017. Participants shared a brief story about the experiences of women/girls living in a community that hosted a peace support operation. We used thematic analysis to organize and understand how perceptions of SEA differed according to the victim's sex. Overall, our results suggest that SEA harms both men/boys and women/girls, but there are gender-specific manifestations of shame and stigma within the community. Language around SEA against women/girls suggests it was more normalized, with participants often describing it as 'sex' or a means of meeting basic needs. In contrast, SEA against men/boys was a moral issue, introduced by MINUSTAH, that carried significant stigmatization. Participants described SEA against men/boys as 'homosexuality', 'completely unacceptable', and more often 'rape'. While it is important to address the normalization of SEA against women/girls, it is equally important to recognize that SEA is perpetrated against men/boys, and that the differing experiences of stigmatization within the community may require gender-specific, survivor-centered programs that are sensitive to individual needs.

*This work has been published in *Frontiers in Sociology*:*

Bartels, S. A., King, C., & Lee, S. (2021). "When It's a Girl, They Have a Chance to Have Sex With Them. When It's a Boy...They Have Been Known to Rape Them": Perceptions of United Nations Peacekeeper-Perpetrated Sexual Exploitation and Abuse Against Women/Girls Versus Men/Boys in Haiti [Original Research]. *Frontiers in Sociology*, 6(173). <https://doi.org/10.3389/fsoc.2021.664294>

*About the author:*

Carla King is a PhD student at NYU Grossman School of Medicine in New York, NY. As part of her Master of Public Health, completed in 2017, she assisted with a study exploring Haitian community member's perspectives on sexual exploitation and abuse by UN Peacekeepers. While the focus of this research was on the experiences of women and girls, stories of sexual violence against men and boys were prominent in the data. Carla's current work focuses on gender and racial equity in substance use disorder treatment, and she hopes to consider the link between sexual violence and substance use in both conflict and non-conflict related settings in future work.



## **An experience-driven model for addressing sexual violence against men: Prevention and response intervention in Democratic Republic of Congo** Scope, rationale, and implication for social work

Author: **Murhula Kapalata Gloire**

Université Evangélique en Afrique (UEA-Bukavu) & Denis Mukwege Centre of Excellence (CEDM-UEA)

### **Abstract**

The Democratic Republic of Congo is characterized by repeated wars and increased cases of sexual violence. The interventions are focused on women in most circumstances. Sexual violence against men is less known and there is no appropriate model for the care of men survivors of sexual violence that takes into account the reality experienced by these men. Most international attention support female victims of sexual violence, but male victims are largely left in the shadows. This narrative brings into line the matter of gender sensitivity and aims to contribute significantly to the debates within the framework of sexual violence against men, bringing also a debate on how professionals intervene and what constraints they are meeting in the local context of caring for men survivors of sexual violence. It also projected a logical understanding and how the model should be designed in post-conflict settings. Therefore, it concludes that the implication for social work as practice and science should be relevant to implement a model based on male survivors of sexual violence based on integrative practices, restorative practices, and adaptive practices.

*Keywords: Sexual violence, men, social intervention, Eastern democratic, social work*

### **Introduction**

Sexual violence is not a new phenomenon. However, the causes of sexual violence in the post-conflict context are complex (Leatherman, 2007; Patrick, 2012; Brown, 2011). For some scholars, the term is in most cases an expression of power and used as a weapon of war (Clifford, 2008). As with women, psychological, social, economic, and medical consequences can be visibly observed in men (Christian et al., 2011). Thus, Eastern DRC has long experienced repeated wars and a high rate of sexual violence and is characterized as a rape capital as mentioned. Although sexual violence largely affects women, unfortunately, research seems to focus more on women than men. As the literature demonstrates, nearly 70,000 men who have experienced sexual violence in South Kivu require care (Bitenga, 2021). Johnson et al., cited by Cain (2015), clearly show that 23.6% of men and 39.7% of women reported having experienced sexual violence, a survey by Johns Hopkins University in conjunction with the Refugee Law Project in Uganda surveyed 447 male refugees (99% from Congo), and 38.5% had experienced sexual violence at some point in their lives. However, sexual violence is a social problem that is experienced also in isolated places such as prisons (Wolff & Jing, 2009; Onyango & Hampanda, 2011). As explained by Wolff & Jing (2009) in their research, approximately 21% of male prisoners are physically assaulted during 6 months and estimated at between 2% and 5% (Wolff & Jing, 2009).

However, this care can be problematic because there is no appropriate model for the care of men survivors of sexual violence in the Eastern DRC that takes into account the reality experienced by these men. Most humanitarian aid and international attention support female victims of sexual violence, but male victims are largely left in the shadows. Shortened descriptions of gender violence often describe men as "villains" and women as "victims." This narrative brings into line traditional conceptions of gender roles; however, the generalization often leaves male victims ignored by policy responses designed to address sexual violence (Cain, 2015). This is a necessity. In this regard, there is no scientific discussion of intervention models for male survivors of sexual violence. Among relevant research, there is only one for Bitenga (2021) which examines the challenges and barriers in responding to rape against men in Eastern DRC and another one from Bitenga (2022) which examines barriers to holistic care for male survivors of sexual violence in eastern DRC. Much is unknown about a specific model for addressing men as survivors of sexual violence. In Eastern DRC, the Panzi Foundation has set up a holistic model for women victims of sexual violence, with some involvement of social workers. But on the side of men, there is

no intervention protocol until now, it is necessary to wonder about a possible intervention model that takes into account the cultural, socioeconomic, and psychological realities in which violence against men is inscribed. The hospital of Panzi which is located in the city of Bukavu, Eastern DRC reported that it assisted 80,000 cases of victims of sexual violence, among which 1% are men (Bitenga, 2021). This points out the presence of the phenomenon and the problem of taking care of these men survivors of sexual violence who could have a specific intervention model for their status that adapts to the nature of sexual violence suffered in all its forms. The notion of gender sensitivity seems to be complex at this level and deserves special attention in the management from a systemic approach. Some scholars have demonstrated that professionals lack the skills to intervene with male victims of sexual violence in many countries (Kiss et al., 2020).

Therefore, this research is designed to explore the issue of men survivors of sexual violence through the implementation of a specific intervention model. This research has three interconnected objectives: To define the nature of sexual violence against men, its forms as well as its manifestations, to understand the difficulties related to this situation concerning the social, psychological, and economic repercussions that it produces in urban and rural households. This research will contribute significantly to the debates within the framework of the theme of sexual violence against men in particular and sexual violence in general. The following research questions will guide the discussion:

- How do professionals (social workers) intervene and what are the constraints they are meeting in the local context of caring for men survivors of sexual violence?
- What model of social intervention should be adopted for men survivors of sexual violence in post-conflict settings?

The responses to these questions are produced in two phases, first, the conceptual phase is based mainly on the existing literature, which is the subject of this article. Second, this study will discuss the empirical data with the existing literature after data collection which will be published as the integral part.

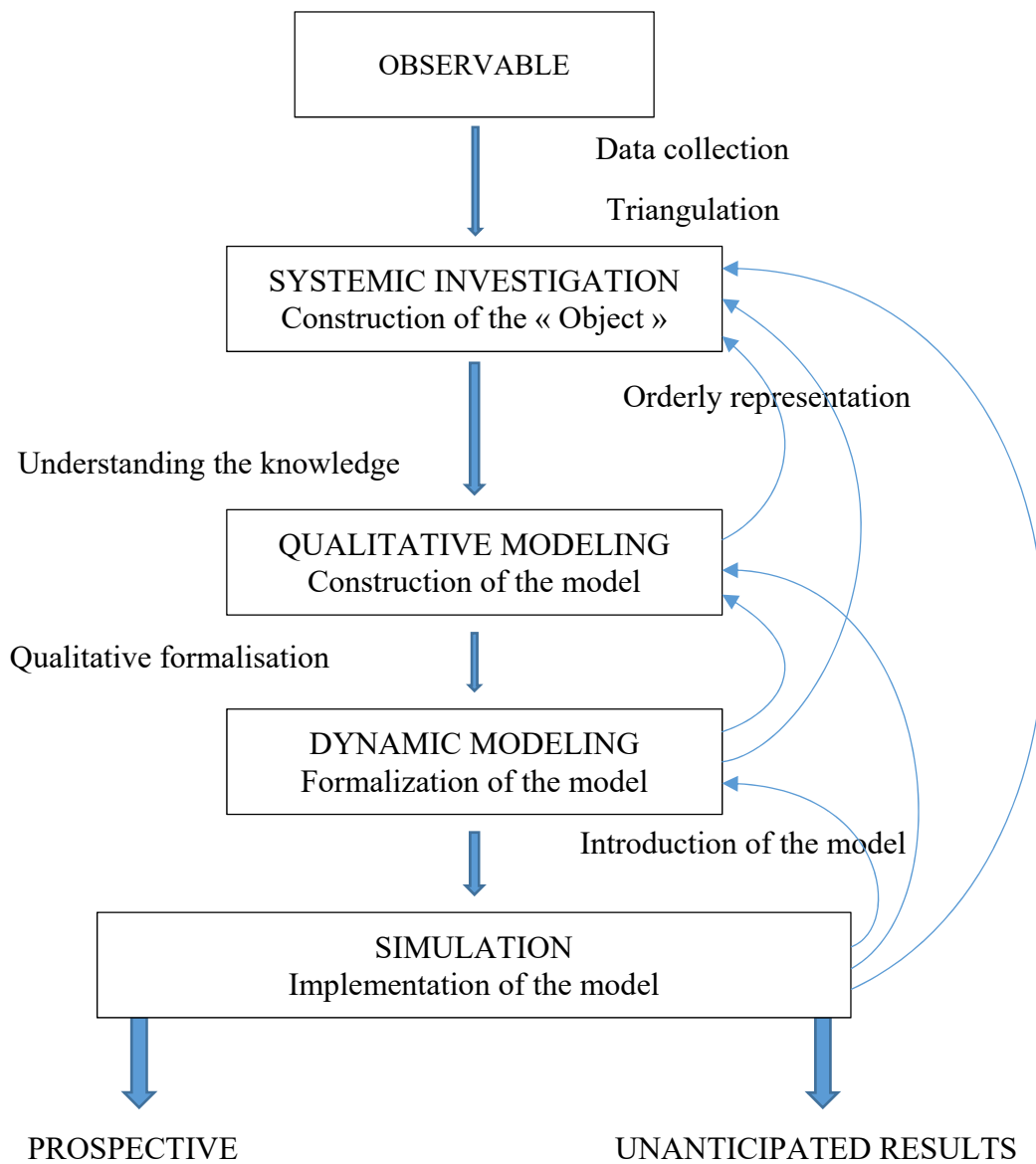
### **Gaps in the literature**

From the literature consulted, we note that there is scientific research with results that testify to the existence of sexual violence against men in armed conflict contexts in the world. Many of these documents are aligned with the identification of the causes and consequences. However, there is no advanced literature on sexual violence against men that sheds light on the intervention model to be implemented in the care of men survivors of sexual violence in the Eastern DRC. This is a problem in the sense that the care of women survivors of sexual violence is effective, but gender sensitivity poses a problem in the care of male victims of sexual violence. Thus, thanks to the systemic approach, this research will cover the gaps in the care of men survivors of sexual violence and will facilitate an understanding of the social intervention approach that will be part of the logic that we call the 'IRA model'. It is therefore important to theorize this model to allow professionals and academics to use it and to further encourage victims of sexual violence to seek adequate care for their development.

### **Theoretical framework**

Given the complexity of this research, I prefer to use a systemic approach to understand the essential elements in the process of developing an appropriate model for man survivors of sexual abuse. I reject the idea of isolating the factors in social intervention. To this systemic model, the PESTEL analysis, which will take into account political, economic, social, technological, and legal factors, will allow constituting an integrated model based on three essential levels (integrative, restorative, and adaptive) in phase two of this research before collecting and organizing data. The results of this research will be understood in a systemic approach to understanding how social workers should be involved in the recovery process of men survivors of sexual violence, taking into account the local context. The systemic analysis is based on the idea that all elements of the system are interacting so that if one of the elements is missing there is dysfunction (Arnold & Wade, 2015; Donnadieu et al., 2017). This approach recognizes the complexity of the factors influencing people's behavior and then allows for an appropriate intervention model to be developed.

**Figure 1:** The systemic approach



Source: Donnadieu et al. (2017).

Concerning the above diagram, the systemic approach will pass through 5 stages: the first stage is observable. This step consists of gathering information using the triangulation technique. The second step is the systemic investigation, which consists of building and ordering the collected information for a better understanding of the phenomenon under study. The third step is qualitative modeling, which consists of building an intervention model based on the information collected. Then, the fourth step is dynamic modeling, which consists of giving the final value to the intervention model, that is to say, adapting it to the dynamic change of the local context. And finally, a fifth step is the simulation which consists in implementing the model. In this last step, we have to be proactive because it is likely to find unexpected results. It is therefore the systemic approach that will guide the discussion of the results. The results that we will obtain and the model that will result from our analyses will be inspired by the systemic approach. In addition, the systemic approach that we are using as a basis for this study is well adapted to qualitative research, given its various tools such as systemic triangulation. Thus, the qualitative

model will provide important elements that will help to draw interesting conclusions regarding the complexity of the phenomenon. This step is mainly based on the second phase of this research.

### **Research Methodology**

This research has two phases, the first is based on a literature review according to different research questions, and the second will discuss the empirical data with the existing literature after data collection which will be published as an integral part. This research is a case study that will focus primarily on the context of the Eastern DRC which is considered the capital of rape. A case study is a prevalent approach that allows scholars to develop and present an in-depth view of a particular situation (Harrison et al., 2017). The latter will help to understand the particular problem of men survivors of sexual violence in armed conflict in eastern DRC. This research will also be part of the exploratory research approach, which is a process of investigating a problem that has never been addressed. The model of intervention in favor of male victims of sexual violence is not yet addressed and documented. Therefore, thanks to the qualitative approach will take into account inductive reasoning from the existing information and the reality of men who recognize themselves as victims of sexual violence. The technique of triangulation will be privileged in data collection in the phase two of this research. The latter will be done at three levels: at the level of male victims of sexual violence, social workers, as well as some community members (religious leaders, and local leaders). Although the results of this research will not be generalized to the conflict context to some extent, they will serve as a guide for other social workers and researchers to understand what type of intervention male victims of sexual violence need. Neubauer et al. (2019) explain that phenomenology is a form of qualitative research that focuses on the study of an individual's lived experiences within the world. To this end, phase two will be based on participants' experiences. The information provided in this first phase comes mainly from the existing literature, from our experiences and the results outstanding as well as from informal discussions with different stakeholders in the study and from the symposium in Germany with different stakeholders on violence against men. This information will be fed back into the triangulation analyses in the second phase of this research.

### **Professional's intervention and the constraints met in the local context of caring for men survivors of sexual violence**

The use of post-sexual violence services is often low in humanitarian settings. Unfortunately, there is little information on the barriers to accessing care services by male survivors in particular (Chynoweth et al., 2020). Most male survivors of conflict-related sexual violence in the Democratic Republic of the Congo (DRC) do not have access to care, little attention has been devoted to a systematic analysis (Alexandre et al., 2022). Therefore, humanitarian interventions seem to bring confusion about sexual violence by ignoring the complex nature of gender and its potential as a tool for social change and gender-based violence in the Eastern Democratic Republic of Congo (Lwambo, 2013). The current political and economic environment places greater pressure on males as they attempt to live up to masculine ideals of being the family provider and breadwinner. Therefore, the sensation of failure that results has a direct link to unhealthy ways of asserting masculinity, inefficiency, and violence (Lwambo, 2013; Swanson, 2019). Most programs addressing sexual and gender-based violence place all of their attention on assisting women, failing to acknowledge how interconnected and interactive gender is. Men's strong opposition to initiatives and campaigns advancing gender equality is proof of their antagonistic influence. Men highlighted the role of the government in ending the protracted conflict that has severely disrupted lives, whilst women concentrated more on community-based remedies to lessen their exposure to violence. Supporting the need to define forms of sexual violence and the need for specifically tailored assistance becomes one of the constraints about the gender sensitivity issue (Thulin et al., 2022) since the prevalent issue of sexual violence in the Democratic Republic of the Congo is unlikely to be effectively addressed by programs designed to promote the rule of law generally (Lincoln, 2011). Added to this, the stigma is both an individual and a community attribute that prevents men from seeking care and is maintained by community members through the socialization process (Koos, 2022). That situation limited men looking for assistance as the culture defines a man as a strong one.

However, Panzi Hospital, located in the South Kivu Province's capital city of Bukavu, is a significant general referral hospital that provides nutrition, internal medicine, obstetrics/gynecology, pediatrics, and internal medicine services. Under the center's Victims of Sexual Violence Program, the 334-bed facility was founded in 1999 and currently accepts about 10 sexual assault survivors every day (Bartels et al., 2010). The Victims of Sexual Violence Program offers socioeconomic support, free medical care, free psychological therapy, and free spiritual care to those who have experienced sexual violence. Unfortunately, Kasherwa's et al. (2023) research findings indicated that the roles and ethics of psychosocial workers in addressing sexual violence are limited by the lack of adequately trained staff members, low professional status, and complex ethical challenges. That could have also repercussion for implementing a sensitive model which takes in a considerable number of both men and women. In eastern DRC, humanitarian organizations and UN agencies working on this issue should put into place strategies in collaboration with local community members to identify new and innovative protection programs (Bartels et al., 2010). This, not to forget that survivors' experiences are strongly influenced by sociocultural notions of masculinity (Sharma, 2022). Chynoweth et al. (2020) also identified 11 key barriers that limit male victims from seeking care. They are situated in a social-ecological framework to describe barriers at the political, community (inter-organizational), organizational, interpersonal, and individual levels. These barriers include 1) restrictions on access to legal protection, 2) legislative barriers such as the criminalization of same-sex, 3) few designated entry points, 4) poor or non-existent referral systems, 5) lack of community awareness and engagement, 6) limited staff capacity, 7) negative provider attitudes and practices, 8) social stigma, 9) limited knowledge (at the individual level), 10) self-stigma, and 11) poor formal help-seeking behavior. To illustrate this, even when male survivors seek care, there is no functional referral system for male survivors in DRC, except some service providers who deliver counseling through an awareness-raising system on positive masculinity, such as TPO with the support of Swiss cooperation in Nyamarege. Although humanitarian agencies have developed a referral system for female victims of sexual violence, service points for male survivors have not been integrated into an appropriate and adapted model by care professionals.

### **Model of social intervention for men survivors of sexual violence in post-conflict settings**

Talking about the model of care for male victims of sexual violence first amounts to presenting the existing model of care for female victims. This will go some way to explaining the role of "hegemonic masculinity" in creating a general framework of violence and conflict, which highlights the need for holistic approaches that allow men to make non-violent life choices. This means questioning one-dimensional conceptions in current interventions and policies, but rather encouraging proactivity and the co-creation of open psychosocial support models that take into account the specificities of men, strengthening the advocacy system with male survivors, to continue to destabilize the silence on male victimization in conflict-related sexual violence (Edström, & Dolan, 2019). But also it is important to center survivors' voices when developing direct practice interventions, programs, and policies (Sharma, 2022).

The Panzi hospital model is the recognized model of care for victims of sexual violence in the Democratic Republic of Congo recognized by its orientation towards women victims of sexual violence. This model, called the ONE-STOP Center (OSC), is described as follows (Mukwege, and Berg, 2016):

- The One-Stop Center (OSC) is a cutting-edge, holistic, and person-centered care model created recently for survivors of violence against women and girls after years of treating them along with severe physical trauma;
- OSC consists of four pillars that work together to address the needs for medical, psychosocial, legal, and socioeconomic care. To obtain health and reintegration into society, tailored care is organized, carried out, and documented based on attentively listening to the victims;
- OSC provides more than just comprehensive personal care; it also offers a platform for achieving a healthy life at the micro (the individual) and meso (local) levels. If consciously and methodically implemented in all healthcare structures, OSC also makes it easier to realize the right to health for all on the macro (national) level.

The OSC, or one-stop center, model was put into place at Panzi Hospital in the Democratic Republic of the Congo to provide medical, legal, psychosocial, and socioeconomic support services for victims of sexual assault. Recent advancements have widely articulated this approach, putting a stronger emphasis on its medical pillar (Kasherwa et al. 2023). But also in practice, this model does not sufficiently integrate elements related to the culture of the victims and gender sensitivity is not present. Men are not directly concerned by this model, this leaves male victims of sexual violence who are hindered by the above-mentioned factors vulnerable and lacking assistance. For holistic recovery and achieving a healthy life, a wider holistic care model is needed for male survivors of sexual violence in DRC based on grounded evidence. The approach based mainly on men should not consider the victim as an isolated individual but also takes care of the victim as a member of the community by assessing factors that are barriers to their care. Therefore, the context analysis should be well understood and the construction of the socioeconomic projects for the male victims should be adapted to their personality in a broader context.

The Panzi model enables victims to pursue healthy lives by providing a road to healing. Although the extent to which the various stakeholders are involved in its effectiveness is still up for debate. The notion that every woman and every man can succeed is at the core of this approach. Unfortunately, this model has not been tested on cases involving male victims because it was created following the experiences of female victims. By acknowledging the severe injuries suffered by male victims and their social consideration, it is feasible to promote a genuine change in the care system, which needs a different type of adaptable model to advance towards inclusivity and representation. Of course, the construction of the male-friendly model should use this comprehensive strategy (CSO) as a guide. This should involve empowering males through the removal of obstacles in a social work-promoted process of seeking treatment.

It should be noted, though, that the DRC currently lacks sufficient data to determine which programs are most successful at enhancing mental health. There are no studies that include men that examine the effects of interventions on social connectedness, safety, and security, as shown by Kiss et al. (2020), but studies of women who have survived GBV suggest that measures that increase social connectedness, safety, and security can improve mental health. Sustained efforts should consider both men's and women's needs to create truly inclusive prevention and therapeutic programs for sexual assault victims. These groups may be subject to increased health and safety hazards if men's requirements aren't met appropriately. Therefore, all social workers and other professionals must acknowledge that male survivors' demands are actual and call for special consideration, even if they are members of a dominating group.

### **Implication for social work**

Social Work is professional practice and a discipline. The concepts of social justice, human rights, social responsibility, and tolerance for diversity are at the core of social work because they encourage change and social growth, social cohesiveness, human empowerment, and liberation based on indigenous knowledge, these disciplines empower individuals and institutions to confront life's issues and take action to advance everyone's well-being (Schröder & Ürek, 2022). Social workers should not be left alone to deal with the problem of violence. Once the collective intervention approach is chosen, it is essential to organize co-interventions: Towards the people for whom the action is undertaken (Bouquet & Dubasque, 2010). However, it is crucial to note before intervention that sexual assault is a severe public health issue that has been linked to long-lasting detrimental effects on both mental and physical health (Choudhary & Bossarte, 2012). The international federation of social work, recently adopted a new joint international definition of social work, together with the international association of School of social work (IASSW) embraces both traditional social work activities and social development and addresses social work knowledge, values and practice in an age of globalization (Hare, 2004). When working with men who are victims of sexual violence, it is possible to put social justice concepts into practice and to use traditional knowledge and modern intervention mechanisms to understand the complexity of factors associated with victims. Therefore, the establishment of community social work is very important for male victims of sexual violence, community work has become more prominent in recent years as a means of assisting individuals in identifying

their shared needs and collaborating to find solutions either by the creation of initiatives that would help the affected parties secure funding to address them or through advocacy efforts to ensure that those in charge of them do so. According to Mayo (1998), community work is typically linked with comprehensive, group-based, preventative, and anti-discriminatory approaches to addressing social problems. These approaches are founded on pledges to participation and empowerment. Utilizing these approaches in the intervention process calls for knowledge of the victims' circumstances from a legal, anthropological, and sociological perspective. Social professionals, however, may offer victims of sexual assault priceless assistance and support. Social workers should help victims to comprehend what is happening, cope with and recover from the trauma they have suffered, and explain the options accessible to them so that the victim can decide for himself what he would like to do in terms of the reintegration process.

The role of the social worker will be to help the victims to make rational and calculated decisions about their ambitions, plans, and context for reintegration without leaving the victim's sphere. Therefore, the assessment of the immediate needs of the victims, the determination of the nature of the violence, and its severity should be integrated and established in the action plan. Social workers should therefore develop guidelines for services for male survivors of sexual violence. Men need to know that there is hope for healing from the trauma of sexual abuse within the framework of sensitization and awareness raising. This is why the application of the community-based psychosocial approach becomes very important in strengthening the acceptance and coping mechanisms of male victims. For Carswell et al. (2019), men often feel isolated due to misconceptions about sexual abuse and low public awareness of the issue. It is important to let them know that they are not alone and that they can find information and a range of services to help them recover.

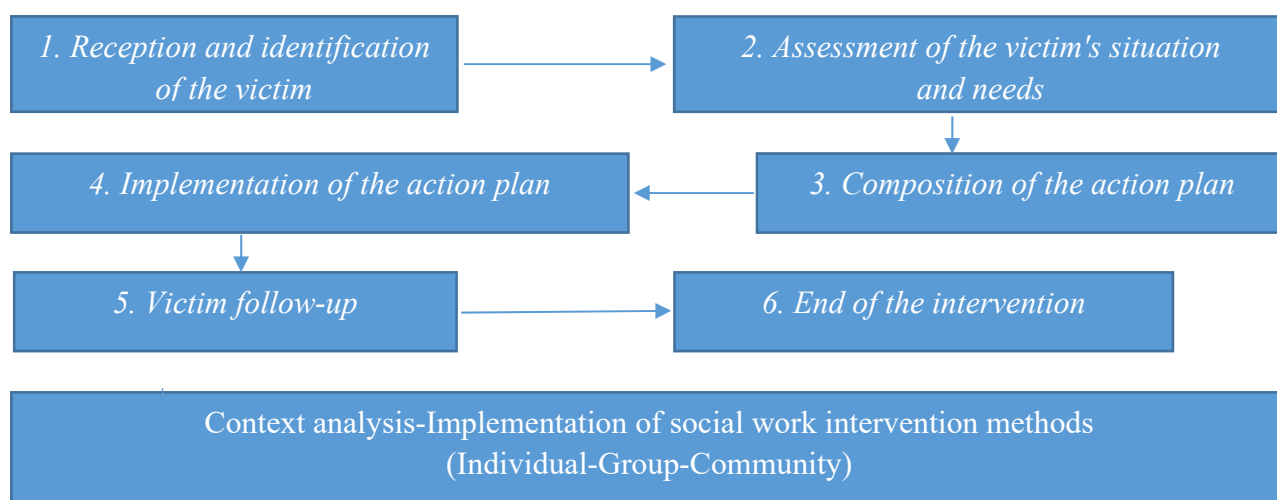
To support practices and services tailored to diverse groups of male victims of sexual violence, according to Banyard (2011), this should involve the following elements:

- Recognize and understand the diversity of values, beliefs, worldviews, and approaches to health and well-being from the perspective of working with male victims;
- Support a primary prevention campaign to inform the public and combat myths about male sexual abuse;
- Primary prevention initiatives should aim to provide education on male sexual abuse and should be part of a general public education campaign, along with education on female sexual abuse.

Social workers have long been involved in the development and provision of services to vulnerable people. The model they use must also reflect the values and beliefs of the victims to align with a more promising perspective of social intervention. This can be justified by the fact that the impact of cultural beliefs and stereotypes helps to understand male sexual abuse which is sometimes a reflection of cultural beliefs about gender roles and socialization, beliefs that men are always powerful and able to look after themselves (Carpenter, 2002). Thus, professionals in practice need to demonstrate the empathy necessary to provide proven support to victims when they need various services. Therefore, the model of care for male victims of sexual violence should be implemented by a social worker or other psychosocial support or social sector professional. This person, in addition to providing emotional support to the victim throughout the process, is responsible for ensuring that the model of care is applied and brings about the necessary change for the victims about their specificity (see fig. 2).

Welcoming the victim and establishing contact is very important to gain the victim's trust. To this end, the victim identification form is completed according to socio-demographic factors through listening. At this first stage, the social worker introduces the services and informed consent is established and the care process is explained to the victim. In fact, an assessment of the victim's situation and needs should also be considered as a basis for determining the urgent care, immediate risks, and assignment about other elements of his or her environment such as family, friends, etc. This helps to clarify the needs according to their degree of importance and impact. Therefore, developing the action plan means that an action plan should be put in place to support victim's needs and determine who will intervene and how the coordination of actions will be carried out in time and space. The question of who? when? with whom? how? With whom? need to be addressed.

**Figure 2:** Proposed steps for case management involving male victims of sexual violence



The steps of implementing the action plan include direct support and guidance services with the informed consent of the victim. In addition, the composition of the action plan is then oriented towards specific interventions about the identified needs and important problems of the victim through his/her participation. The aim here is to compose an integrated plan and not one that isolates the victim from his or her social environment. The follow-up, which is also among the important steps, should be regular and based, like the evaluation, on indicators that have been pre-established by the professional but also with the involvement of the victim.

The end of the intervention becomes a goal of change and objectives assigned by the professional and the victim. However, it is important to point out that these approaches are essentially based on the analysis of the victim's local context and the involvement of the three methods (casework, group work, and community work) to collect sufficient information and to allow the victim to establish in his entirety and to benefit from the therapeutic experiences in different groups and through community actions. Nevertheless, the operationalization of these steps must be part of a collaborative, partnership approach with the victim and other professionals. Creative solutions are needed for these steps to address the care of male victims of sexual violence. The socio-ecological framework becomes unavoidable to understand the victim comprehensively. Community sensitization is the basis for removing barriers to care for male victims of sexual violence. Kiss et al. (2020), explain that community sensitization is one of the strategies for overcoming the stigma and discrimination surrounding victims of sexual violence in the context of conflict.

## Conclusion

Sexual violence against men is a reality. Taking it into consideration allows victims to regain their mental health. In the context of conflict, many risks expose men to sexual violence and barriers to care. However, it is important to establish specific care models that take into account their reality. A sense of collaboration and partnership must be privileged in the care process. Thus, the involvement of victims becomes a condition and should be part of a systematic approach where the different stakeholders are included in the process and are mobilized. The involvement of social work becomes an important alternative to understanding the dynamics that affect male victims by building preventive and curative actions. Social work intervention methods (casework, group work, and community work) are necessary to ensure complementarity and coherence in therapeutic processes as well as victim empowerment.



## References

- Alexandre, A. B., Rutega, B., Byamungu, P. A., Notia, C. A., & Alldén, S. (2022). A man never cries: barriers to holistic care for male survivors of sexual violence in eastern DRC. *Medicine, conflict and survival*, 38(2), 116–139.
- Arnold, R. D., & Wade, J. P. (2015). A definition of systems thinking: A systems approach. *Procedia computer science*, 44, 669–678.
- Bitenga, A. (2021). Hidden survivors of sexual violence: challenges and barriers in responding to rape against men in Eastern DRC.
- Bitenga, A., Rutega B., Amini B., Amisi N., & Alldén S., (2022) A man never cries: barriers to holistic care for male survivors of sexual violence in eastern DRC, *Medicine, Conflict and Survival*, 38:2, 116–139, DOI: 10.1080/13623699.2022.2056211
- Brown, (2011), Rape as the weapon of war in the Democratic Republic of Congo, *California Polytechnic State University - San Luis Obispo*.
- Banyard, V. L. (2011). Who will help prevent sexual violence: Creating an ecological model of bystander intervention. *Psychology of violence*, 1(3), 216.
- Bartels, S. A., Scott, J. A., Mukwege, D., Lipton, R. I., VanRooyen, M. J., & Leaning, J. (2010). Patterns of sexual violence in Eastern Democratic Republic of Congo: reports from survivors presenting to Panzi Hospital in 2006. *Conflict and health*, 4(1), 1–10.
- Bouquet, B. & Dubasque, D. (2010). Travail social et lutte contre les violences faites aux femmes. Dans : Ginette Francequin éd., *Tu me fais peur quand tu cries : Sortir des violences conjugales* (pp. 173–187). Toulouse: Érès. <https://doi.org/10.3917/eres.franc.2010.01.0173>
- Cain, M., (2015), Hope in the Shadows: Male Victims of Sexual Assault in the Democratic Republic of the Congo, humanity in action, [https://humanityinaction.org/knowledge\\_detail/hope-in-the-shadows-male-victims-of-sexual-assault-in-the-democratic-republic-of-the-congo/](https://humanityinaction.org/knowledge_detail/hope-in-the-shadows-male-victims-of-sexual-assault-in-the-democratic-republic-of-the-congo/)
- Carpenter, J. (2002). Mental health recovery paradigm: Implications for social work. *Health & Social Work*, 27(2), 86–94.
- Carswell, S.L., Donovan, E.G., Kaiwai, H.M. 2019. What is known about effective recovery services for men who have been sexually abused? An evidence review. Commissioned by the Ministry of Social Development, Wellington.
- Choudhary, E., Smith, M., & Bossarte, R. M. (2012). Depression, anxiety, and symptom profiles among female and male victims of sexual violence. *American journal of men's health*, 6(1), 28–36.
- Christian, M., Safari, O., Ramazani, P., Burnham, G. and Glass, N., (2011). Sexual and gender based violence against men in the Democratic Republic of Congo: effects on survivors, their families and the community. *Medicine, conflict and survival*, 27(4), pp.227–246.
- Chynoweth, S. K., Buscher, D., Martin, S., & Zwi, A. B. (2020). A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study. *Conflict and health*, 14(1), 1–13.
- Clifford C., (2008), Rape as a Weapon of War and it's Long-term Effects on Victims and Society, 7th Global Conference Violence and the Contexts of Hostility, Budapest, Hungary,
- Crowder, A. (2014). *Opening the door: A treatment model for therapy with male survivors of sexual abuse*. Routledge.
- Donnadieu, G., Durand, D., Neel, D., Nunez, E., & Saint-Paul, L. (2017). The systemic approach: what is it all about. *Synthesis of the work conducted by the AFSCET group "dissemination of the systemic thinking"*, [online document].
- Edström, J., & Dolan, C. (2019). Breaking the spell of silence: Collective healing as activism amongst refugee male survivors of sexual violence in Uganda. *Journal of Refugee Studies*, 32(2), 175–196.
- Hare, I. (2004). Defining social work for the 21st century: The International Federation of Social Workers' revised definition of social work. *International social work*, 47(3), 407–424.
- Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017). Case study research: Foundations and methodological orientations. In *Forum qualitative Sozialforschung/Forum: qualitative social research* (Vol. 18, No. 1, pp. 1–17).
- Kasherwa, A. C., Alexandre, A. B., Mugisho, G. M., Foussiakda, A. C., & Balegamire, J. B. (2023). The roles and ethics of psychosocial support workers in integrated health services for sexual and gender-based violence survivors. *Journal of Social Work*, 14680173221144551.
- Kiss, L., Quinlan-Davidson, M., Pasquero, L., Tejero, P.O., Hogg, C., Theis, J., Park, A., Zimmerman, C. and Hossain, M., (2020). Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low- and middle-income countries. *Conflict and health*, 14(1), pp.1–26.
- Koos, C., & Lindsey, S. (2022). Wartime Sexual Violence, Social Stigmatization and Humanitarian Aid: Survey Evidence from eastern Democratic Republic of Congo. *Journal of Conflict Resolution*, 66(6), 1037–1065.
- Leatherman, J (2007), Sexual violence and armed conflict: complex dynamics of re-victimization, *International Journal of Peace Studies*, Vol. 12, No. 1 (Spring/Summer 2007), pp. 53–71.
- Lincoln, R. S. (2011). Rule of law for whom: Strengthening the rule of law as a solution to sexual violence in the Democratic Republic of the Congo. *Berkeley J. Gender L. & Just.*, 26, 139.
- Lwambo, D. (2013). 'Before the war, I was a man': men and masculinities in the Eastern Democratic Republic of Congo. *Gender & Development*, 21(1), 47–66.
- Mayo, M. (1998). *Community work* (pp. 160–172). Macmillan Education UK.
- Mukwege D, and Berg M (2016) A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care. *PLoS Med* 13(10): e1002156. <https://doi.org/10.1371/journal.pmed.1002156>

- Neubauer BE, Witkop CT, Varpio L. (2019), How phenomenology can help us learn from the experiences of others. *Perspect Med Educ.* 8(2):90–97. doi: 10.1007/s40037-019-0509-2. PMID: 30953335; PMCID: PMC6468135
- Onyango, M.A. and Hampanda, K., (2011). Social constructions of masculinity and male survivors of wartime sexual violence: an analytical review. *International Journal of Sexual Health*, 23(4), pp.237–247.
- Patrick Cannon (2012) A Feminist Response to Rape as a Weapon of War in Eastern Congo, *Peace Review*, 24:4, 478-483, DOI: 10.1080/10402659.2012.732470
- Schröer, J., & Ürek, B. (2022). Social Work and Muslim Welfare: A Women's Grassroots Association. In *Exploring Islamic Social Work: Between Community and the Common Good* (pp. 219–232). Cham: Springer International Publishing.
- Sharma, A. (2022). Men survivors' perspectives on impact of child sexual abuse. *Children and youth services review*, 137, 106485.
- Swanson, E. (2019). Rape, representation, and the endurance of hegemonic masculinity. *Violence against women*, 25(13), 1613–1630.
- Thulin, E. J., Lustig, A., Perrotte, V., Lwabanya, M., & Evans, T. (2022). Male and female perceptions and experiences of sexual and gender-based violence in South Kivu, Eastern DRC. *Journal of interpersonal violence*, 37(11–12), NP9469–NP9495.
- Wolff N, Jing Shi. (2009), Contextualization of physical and sexual assault in male prisons: incidents and their aftermath. *J Correct Health Care*. 2009 Jan;15(1):58–77; quiz 80-2. doi: 10.1177/1078345808326622. PMID: 19477812; PMCID: PMC2811042.

### *About the author:*

Mr. Murhula Kapalata Gloire is a research and teaching assistant at the Université Evangelique en Afrique (UEA-Bukavu) located in Eastern Democratic Republic of Congo. His current research interests are in the area of child protection, prison social work, gender-based sexual violence, social sector planning and management, urban governance, decolonising social work, as well as having very good skills in social work intervention methods (casework, group work, and community work). In addition, he is a member of a youth organisation called Cocorico Asbl, which works to promote young talent in the province of South Kivu in the Eastern DRC.

## Agency and Iterativity as Features of Disclosure Processes of Male CRSV Survivors – Reports from Psychosocial and Mental Health Care Professionals in Germany

Author: **Kim Schönenberg**

Department of Medical Psychology and Medical Sociology – University of Leipzig

### Background

Sexual victimization of men and boys in the context of war and forced displacement has emerged as a relevant topic regarding the medical and psychological care for survivors within (post-)conflict and displacement settings. Although the numbers of affected females considerably exceed the numbers of affected males (Johnson et al., 2010), available reports suggest that sexual violence (SV) against men and boys is also present in every conflict in which it is committed against women and girls (Sivakumaran, 2007; United Nations, 2022). However, conflict-related sexual violence (CRSV) against men and boys has been a largely understudied topic for decades and professional specialized care for male victims hardly exists (Kiss et al., 2020).

Documented types of CRSV against men and boys include blunt trauma to the genitals, genital mutilation/penile amputation, castration, anal and oral rape, gang rape, forced masturbation, forced nudity, forced witness to SV against family members or peers, and forced perpetration of SV against others (Ba & Bhopal, 2016; Kiss et al., 2020). It is committed in various contexts: It might for instance be employed strategically in the context of torture or to prevent procreation, systematically in captivity or in military institutions, or opportunistically during violent looting and pillaging (Belanteri et al., 2020; Kiss et al., 2020; Misra, 2015). It also occurs in displacement settings beyond conflict arenas, including at border crossings, in detention centers, refugee camps and accommodations, and locals' homes in transit and reception countries (Belanteri et al., 2020; Chynoweth et al., 2020).

The consequences of CRSV are often severe and long-lasting and affect the survivors physical, mental, sexual and/or social well-being (Ba & Bhopal, 2016; Chynoweth et al., 2020). Symptoms of posttraumatic stress disorder, depression and anxiety are the most commonly reported mental health consequences (Ba & Bhopal, 2016). Socially, male survivors of CRSV often face significant stigmatization and ostracism once their victimization becomes known to the public. They might feel and be perceived as 'feminized' or 'homosexualized' and therefore question their gender identity or sexual orientation, and they might be regarded as incapable of fulfilling their social role because their masculinity is believed to be damaged or lost (Broban et al., 2020; Javaid, 2017). In many countries, they might additionally be prosecuted for same-sex intercourse, regardless of the violent nature of the act (Dolan, 2014).

Given these impending repercussions, male survivors rarely tell someone about their experiences. They choose silence over disclosure and avoid seeking help, which is a behavior many survivors of sexual violence regardless of their gender display due to feelings of shame, guilt, and/or fear of negative social reactions (Kiss et al., 2020). For male survivors, this behavior is theorized to be aggravated by their efforts to adhere to socially constructed and culturally specific ideals of (hegemonic) masculinities, which usually encompass self-reliance and independence as central male qualities (Javaid, 2017). Correspondingly, reluctance to seek help seems most prominent among men who experience gender role conflict (Kiss et al., 2020). Considering the possible consequences, non-disclosure represents not just an act of avoidance and adherence to social norms, but also a deliberate act of self-protection (Touquet & Schulz, 2021). Psychologically, telling someone about traumatic experiences represents an internal trigger that can induce PTSD symptoms such as the perception of reliving the trauma, hence the potential psychological impact of disclosure itself can function as a disclosure barrier (Delle Donne et al., 2018). Meanwhile, the dilemmatic nature of PTSD symptoms becomes evident within the decision of telling someone about the traumatic experience: while avoiding disclosure to prevent destabilization, avoidance of internal (and external) triggers itself represents a PTSD symptom (Michael et al., 2018).

In contrast, it has been shown that men do disclose their experiences under circumstances in which they feel that it is safe to tell, and in which they feel that disclosure will lead to receiving help (Touquet & Schulz, 2021; Touquet et al., 2020). Disclosure of SV experiences has been described as a tentative process, iterative and

interactive in nature that is navigated by survivors in its complexity towards different confidants over the course of a lifetime (Alaggia et al., 2019). Disclosing within health care settings allows for the delivery of proper mental health care, wherever respective services are available, and can thereby support the improvement of mental health. The positive psychological and psychophysiological effects of emotional disclosure are thought to be particularly beneficial for individuals whose distress is associated with concealing a stigmatized identity (Chaudoir & Fisher, 2010). Unexpected negative reactions of the confidants (e.g., blaming or not believing the survivor), however, can have detrimental effects on survivors' mental health (Roberts et al., 2010).

Recently revealed numbers of experiences of SV among male refugees in Germany demonstrate the relevance of understanding male disclosure processes in transcultural psychosocial and mental health care settings. In an epidemiological study examining traumatic experiences and mental health in recently arrived refugees, one third of male participants indicated having experienced SV, of which 79.7% had been victimized themselves and 20.3% had witnessed some form of SV (Nesterko et al., 2023). This corresponds to numbers found in other studies among refugees in Europe (DeSchrijver et al., 2018). Survivors of SV show higher rates of PTSD and more frequently reported needing treatment for mental and physical health issues (Nesterko et al., 2023).

In Germany, access to general and particularly to psychotherapeutic and psychiatric health care is strongly limited for refugees, especially during their first 18 months of residence (Töller et al., 2020). Hence, specialized psychosocial care centers for refugees and torture survivors (PCCs) serve as core mental health care institutions for refugees (although their capacities do not meet the demands). The services offered by the centers vary and may include psychosocial counselling, psychotherapy, medical documentation of torture sequelae, legal and emotional support during the asylum process, and/or support in finding adequate accommodation. Their objective is to support particularly those individuals who have experienced torture and other severe forms of interpersonal violence. Additionally, refugees can access local counselling centers that offer psychosocial services addressing (male) survivors of SV from the general population. As the mental health professionals working in both settings (PCCs, counselling centers) are mostly of German origin, the frequently found language barrier between professionals and clients is addressed by engaging language and culture mediators in the psychotherapeutic/counselling setting. These language mediators are either migrants themselves from the same or a similar cultural background as the client, or they are native Germans with a bicultural family background or with otherwise acquired profound language skills. This triad of counsellor, client and language mediator forms the immediate setting within the larger setting of the PCCs/counselling centers in which disclosure processes of male survivors of CRSV are negotiated and navigated.

With respect to the number of male survivors found among recently arrived refugees in Germany, many of the psychological/psychotherapeutic staff in the PCCs are likely to hold some experience in working with this population. The same is assumed for professionals working in local counselling centers specifically addressing male survivors. The present study explores how mental health professionals working with refugee male survivors of CRSV describe disclosure processes of their clients during treatment and which determinants relevant for disclosure they identify.

### **Method**

Problem-centered expert interviews were conducted with ten mental health professionals (6 female, 3 male, 1 non-binary; mean age = 43.3 years) who work with refugee male survivors of CRSV. The professionals were located in five different institutions (two PCCs, two counselling centers addressing affected men, one counselling center addressing LGBTIQ\* refugees) in three German cities. A semi-structured field manual covering seven thematic compounds surrounding the topic of CRSV against men was used to guide the interviews. The interviews were audio-taped and transcribed verbatim. Qualitative content analysis (Graneheim & Lundman, 2004; Mayring, 2015) with a deductive-inductive approach was deployed. Due to the exploratory nature of the study and the comprehensiveness of the information retrieved during the interviews, a deductive-inductive approach was chosen to both capture as much of the information as possible, while also being able to apply a theoretically derived, but flexible structure to the data. After close reading of the material, all relevant manifest content of

the interviews was segmented into meaning units that were then assorted to a system of *a priori* categories and sub-categories (Mayring, 2015). A coding manual with category definitions, coding rules and anchor units guided the segmentation and allocation of meaning units. For each interview, two researchers carried out this process independently. They subsequently discussed their coding behavior to solve disagreements regarding the central topic(s) addressed in the units and the placement of the meaning units' boundaries within the text. After deductively coding 33% of the material, the coding manual was revised and the procedure was applied to the entire text material. This procedure was performed in accordance with the structuring qualitative content analysis developed by Mayring (2015). The subsequent qualitative analysis relevant for the present work's objective was based on the meaning units that were allocated in the sub-category "Clients' communication about CRSV within the setting". The meaning units were condensed in a two-step process and then abstracted to codes (Graneheim & Lundman, 2004). The yielded codes were then generalized on a higher level. The process of generalization was repeated once.

### Results

The analysis process generated a system of six higher-level categories. Four categories describe disclosure barriers and facilitators as reported by professionals (*Professional's Variables, Survivor's Variables, Interpersonal Variables* and *Sociocultural Variables*) and two categories describe aspects of the men's disclosure process itself, as per the professionals reports (*Process Features* and *Narration Features*). Each category consists of three to five sub-categories. In the present analysis, only the category *Process Features* and two of its sub-categories (*Agency, Iterativity*) will be described in more detail. Further analyses are in progress.

The category *Process Features* is the most heterogeneous one and contains five subcategories (*Agency, Emotionality, Trauma Processing, Iterativity, Underreporting*). It captures a range of aspects that either refer to modalities of the disclosure process itself (*Iterativity, Underreporting*), or to emotional, motivational and behavioral processes that were described as interconnected with and reciprocally relevant to the disclosure process (*Agency, Emotionality, Trauma Processing*).

Within the sub-category *Agency*, those statements were aggregated that indicated whether and/or how professionals perceived survivors as carrying out (non-)disclosure agentically, or that referred to perceived internal or external motives of disclosure. These included professionals' reports of survivors' internal motives for disclosure and deliberate choices to disclose or not as observations of agentic disclosure, as well as reports of survivors' disclosures evoked by external (e.g., the asylum process) or internal pressure (e.g., uncontrolled retelling of experiences) as observations of non-agentic disclosure. The topic of agency exercised through (non-)disclosure occurred in all but one interview. Professionals described that male survivors do regulate disclosure agentically in various ways. For instance, survivors might initiate disclosure on their own behalf. One professional reported:

*'Sometimes, it's brought up rather indirectly. And when it's eventually vocalized, some of them can say it explicitly, it happened like this, or like that.'* – female therapist, 67 years old

Another professional described how survivors clearly signaled their unwillingness to speak about their experiences upon her disclosure offer:

*'It's good that people clearly say, no, they do not want this now, they do not want to open up this issue now.'* – female counsellor, 29 years old

Regarding disclosure motives, the wish to overcome the trauma was reported as an internal motif for disclosure:

*'Some of them clearly state that this is the first time they disclose, and they hope that it's also the last time. Their hope is that once it's vocalized, they feel better, like a switch that can be turned.'* – female counsellor, 45 years old

However, disclosure was described as pushed by external factors, particularly the imperatives imposed by the asylum law and the way it is executed. The law grants special protection to survivors of CRSV, but survivors often have to describe their experiences in detail to be believed (Linke et al., 2018). This was described as both

speeding up the disclosure process, as well as forcing an otherwise unwanted disclosure, like in the following quote of a professional taking the survivors' perspective:

*'When I get an attestation somewhere that I am so deeply traumatized that I can by no means be sent back, then I can stay here. This means there is a compulsion to put these stories on the table. And this compulsion means having to breach the not-wanting-to-talk, the wanting-to-hide.'* – male counsellor, 61 years old

Although the counsellor emphasizes the compulsiveness of disclosure with regard to the asylum process, this quote also shows that survivors can strategically disclose to be given their right to protection, suggesting concurrency of internal and external motives. Taken together, professionals reported that survivors seldom initiate disclosure, and that they exercise agency mostly by refusing to disclose, if the circumstances allow for it. If survivors initiate disclosure voluntarily, they often do so by bringing up the topic indirectly.

The sub-category *Iterativity* was created from those statements of the professionals in which the unsteady, tentative and stepwise nature of the CRSV disclosure process was described. Statements included information on the time of the topic's appearance in the therapeutic/counselling process, on the strategies applied by survivors to approach the topic and on the varying degrees of completeness and depth of disclosure. In general, it seems that the procedure of disclosing CRSV is highly individual, and so is the timing of the topic's appearance. Some professionals reported an early presence of the topic in the setting, while others noted that unless the asylum process forces it, it takes a long time until survivors provide any indication of their victimization. One professional summarized:

*Interviewer: 'In your experience, is there a certain time it takes [until survivors disclose], or does it vary?'*

*Professional: 'It completely varies. Some never manage to disclose. Or just very roughly.'* – female therapist, 67 years old

In this statement, the professional addresses both the varying time span of disclosure, as well as its completeness and depth. She continues her statement by describing an interaction in which she inquires more specifically about experiences of violence, to which the survivor responds by confirming that additional assaults happened, but immediately refuses any further inquiry. This practice of sharing only rudimentary information, which lets professionals know about the sexual nature of violence or at least allows them to draw their own conclusions while simultaneously suggesting the 'unspeakableness' of the event, was discussed in eight interviews. One counsellor makes a related remark, which also contains some information about the professionals' roles as confidants:

*'Many want someone vis-à-vis, who knows everything, without them having to tell. They assume that when I sit here, I know everything that is theoretically possible. So when they say, I experienced something with my granddad when I was five years old, that I have some idea of what that might have been. And of course I am far from knowing what exactly happened.'* – male counsellor, 50 years old

One strategy of survivors to cautiously approach the topic of sexual victimization was by reporting specific symptoms that were somehow related to the event.

*'The two clients to whom this happened in the context of torture, they reported this rather indirectly. They described symptoms, also with great hesitation, so I got the impression that there could be something in the background.'* – female counsellor, 29 years old

The symptoms the survivors referred to were severe pain symptoms and urinary incontinence.

In sum, the professionals' statements convey that disclosure hardly occurs as a one-time event, and that it is almost never exhaustive. It is rather a tentative, non-linear, sometimes lengthy and often unfinished process. Some survivors share just enough information for the therapist/counsellor to know that SV has occurred. Some survivors continue their disclosure process over time in the counselling/therapy process, while others refuse to touch the topic any further. The professionalism and specialization of the contexts and of the counsellors/therapists pose

an important premise for survivors to disclose on their own terms, relying on their counterpart's knowledge, making sure that the central message of their victimization is conveyed without having to verbalize it in detail.

### Discussion

The sub-categories presented above elucidate two aspects of male disclosure of CRSV as observed and reported by professionals who deliver mental health care for migrant male survivors of CRSV in Germany. The sub-categories *Agency* and *Iterativity* are not entirely independent, but represent interconnected aspects of the why and the how of particular disclosure outcomes. The topic of agency exercised via (non-)disclosure was present in nine out of ten interviews. Professionals described both agentic initiation of disclosure and self-determined refusal to disclose. They reported observations of internal and external disclosure motives, which were not always entirely distinguishable. The iterative, non-linear and profoundly individual disclosure process was noted to result in varying degrees of depth and completeness of conveyed information regarding the experienced event(s).

The event of CRSV represents a traumatic experience in which survivors were momentarily unable to act out their agency and of which the disclosure process itself can trigger uncontrollable memories. Navigating their own approach towards disclosure and pace and depth of telling seems to constitute a way of exercising control and self-protection for survivors both internally, as a means of managing psychological trauma sequelae, as well as externally, in a sense of 'testing the waters' (Chaudoir & Fisher, 2010), in the counselling/therapy context. As fearing stigma is a central disclosure barrier and stigmatizing responses impose an additional burden on survivors, they might want to test their counterparts' reactions to cautiously placed bits of information, seeing whether 'it is safe to tell' (Spangaro et al., 2015). The disclosure process likely also entails a (re-)negotiation of the male survivors' masculine gender identity. Disclosing their sexual victimization might be associated with the fear of not being seen as a man anymore, and seeking help is to some degree contradictory with masculine gender ideals. Agentic behavior and 'being in control' is on the other hand associated with masculinity. Determining the time, pace, and modus of disclosure might therefore be particularly relevant for men, as this can represent a way to exert and restore a sense of agency and control. The survivors' silence is therefore not necessarily externally imposed, but can be the result of a deliberate choice (Touquet & Schulz, 2021). However, it is important to keep in mind that avoidance of internal (or external) triggers is also a central symptom of PTSD. To ensure the delivery of adequate care in counselling/therapy settings, disclosure remains a desirable outcome that needs to be supported by mental health specialists' informed attendance. The professional setting was mentioned to enable disclosure simply by being a specialized space in which survivors had reasons to believe that their stories are not singular and that the mental health professional is aware of the forms of violence survivors might have endured. This underlines the necessity of specialized mental health care centers for male survivors. However, the professionals' actual knowledge regarding indications of male CRSV, the complexity of disclosure processes and their relevance to trauma processing and healing are crucial for supporting and co-regulating beneficent disclosure processes. This calls for specific communication skills trainings that include perspectives on tabooed topics and transcultural communication.

The results described here represent only a section of the data. To see and understand the full picture of male CRSV disclosure processes as reported by mental health professionals, the analysis of the entire data material regarding disclosure is necessary and will be presented in the near future. Particularly externally imposed disclosure barriers, such as the taboo surrounding male victimization, have not been discussed here, but pose a central element to male disclosure behaviors. The moderating elements such as sociocultural norms in an intercultural setting, as well as individual aspects of both the survivor and the professional, and finally the role of the interpreter within the triad will need further attention in future analysis.

## References

- Alaggia, R., Collin-Vézina, D. & Lateef, R. (2019). Facilitators and Barriers to Child Sexual Abuse (CSA) Disclosures: A Research Update (2000-2016). *Trauma, Violence & Abuse, 20*(2), 260–283. <https://doi.org/10.1177/1524838017697312>
- Ba, I. & Bhopal, R. S. (2016). Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981-2014). *Public Health, 142*, 121–135. <https://doi.org/10.1016/j.puhe.2016.07.019>
- Belanteri, R. A., Hinderaker, S. G., Wilkinson, E., Episkopou, M., Timire, C., de Plecker, E., Mabhala, M., Takarinda, K. C. & van den Bergh, R. (2020). Sexual violence against migrants and asylum seekers. The experience of the MSF clinic on Lesbos Island, Greece. *PLoS one, 15*(9). <https://doi.org/10.1371/journal.pone.0239187>
- Broban, A., van den Bergh, R., Russell, W., Benedetti, G., Caluwaerts, S., Owiti, P., Reid, A. & de Plecker, E. (2020). Assault and care characteristics of victims of sexual violence in eleven Médecins Sans Frontières programs in Africa. What about men and boys? *PLoS one, 15*(8). <https://doi.org/10.1371/journal.pone.0237060>
- Chaudoir, S. R. & Fisher, J. D. (2010). The disclosure processes model: understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin, 136*(2), 236–256. <https://doi.org/10.1037/a0018193>
- Chynoweth, S., Buscher, D., Martin, S. & Zwi, A. B. (2020). Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study. *Journal of Interpersonal Violence, 37*, 1–32. <https://doi.org/10.1177/0886260520967132>
- Delle Donne, M., DeLuca, J., Pleskach, P., Bromson, C., Mosley, M. P., Perez, E. T., Mathews, S. G., Stephenson, R. & Frye, V. (2018). Barriers to and Facilitators of Help-Seeking Behavior Among Men Who Experience Sexual Violence. *American Journal of Men's Health, 12*(2), 189–201. <https://doi.org/10.1177/1557988317740665>
- DeSchrijver, L., Vander Beken, T., Krahé, B. & Keynaert, I. (2018). Prevalence of Sexual Violence in Migrants, Applicants for International Protection, and Refugees in Europe: A Critical Interpretive Synthesis of the Evidence. *International Journal of Environmental Research and Public Health, 15*(1979). <https://doi.org/10.3390/ijerph15091979>
- Dolan, C. (2014). Into the mainstream: Addressing sexual violence against men and boys in conflict: A briefing paper prepared for the workshop held at the Overseas Development Institute, London, 2014. <http://www.refugeelawproject.org/resources/briefing-notes-special-reoprts/87-sprpts-gender/358-into-the-mainstream-addressing-sexual-violence-against-men-and-boys-in-conflict.html>
- Graneheim, U. H. & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Javaid, A. (2017). The Unknown Victims: Hegemonic Masculinity, Masculinities, and Male Sexual Victimization. *Sociological Research Online, 22*(1), 28–47. <https://doi.org/10.5153/sro.4155>
- Johnson, K., Scott, J., Rughita, B., Kisielewski, M., Asher, J., Ong, R. & Lawry, L. (2010). Association of Sexual Violence and Human Rights Violations With Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo. *JAMA, 304*(5), 553–562.
- Kiss, L., Quinlan-Davidson, M., Pasquero, L., Tejero, P. O., Hogg, C., Theis, J., Park, A., Zimmerman, C. & Hossain, M. (2020). Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low- and middle-income countries. *Conflict and Health, 14*(11). <https://doi.org/10.1186/s13031-020-0254-5>
- Linke, T., Hashemi, F. & Voß, H.-J. (2018). Sexualisierte Gewalt und sexuelle Traumatisierung im Kontext von Flucht. In A. Retkowski, A. Treibel & E. Tuidler (Hrsg.), *Handbuch Sexualisierte Gewalt und pädagogische Kontexte* (S. 369–377). Weinheim: Beltz Juventa.
- Mayring, P. (2015). *Qualitative Inhaltsanalyse. Grundlagen und Techniken* (12., überarbeitete Auflage). Weinheim: Beltz.
- Michael, T., Sopp, R. & Maercker, A. (2018). Posttraumatische Belastungsstörungen. In J. Margraf & S. Schneider (Hrsg.), *Lehrbuch der Verhaltenstherapie, Band 2* (S. 105–124). Berlin: Springer. [https://doi.org/10.1007/978-3-662-54909-4\\_6](https://doi.org/10.1007/978-3-662-54909-4_6)
- Misra, A. (2015). *The Landscape of Silence: Sexual Violence Against Men in War* (1st Edition). London: Hurst & Co.
- Nesterko, Y., Schönenberg, K. H. & Glaesmer, H. (2023). Mental health of recently arrived male refugees in Germany reporting sexual violence. *Medicine, Conflict and Survival, 39*(1), 1–24. <https://doi.org/10.1080/13623699.2022.2151742>
- Roberts, S. T., Watlington, C. G., Nett, S. D. & Batten, S. V. (2010). Sexual trauma disclosure in clinical settings: addressing diversity. *Journal of Trauma & Dissociation, 11*(2), 244–259. <https://doi.org/10.1080/15299730903502961>
- Sivakumaran, S. (2007). Sexual Violence Against Men in Armed Conflict. *European Journal of International Law, 18*(2), 253–276. <https://doi.org/10.1093/ejil/chm013>
- Spangaro, J., Adogu, C., Zwi, A. B., Ranmuthugala, G. & Davies, G. P. (2015). Mechanisms underpinning interventions to reduce sexual violence in armed conflict: A realist-informed systematic review. *Conflict and Health, 9*, 19. <https://doi.org/10.1186/s13031-015-0047-4>
- Touquet, H., Chynoweth, S., Martin, S., Reis, C., Myrtilinen, H., Schulz, P., Turner, L. & Duriesmith, D. (2020). From 'It Rarely Happens' to 'It's Worse for Men'. *Journal of Humanitarian Affairs, 2*(3), 25–34. <https://doi.org/10.7227/JHA.049>
- Touquet, H. & Schulz, P. (2021). Navigating vulnerabilities and masculinities: How gendered contexts shape the agency of male sexual violence survivors. *Security Dialogue, 52*(3), 213–230. <https://doi.org/10.1177/0967010620929176>



United Nations. (2022, 29. März). *Annual Report on Conflict Related Sexual Violence: Report of the United Nations Secretary-General*. <https://www.un.org/sexual-violenceinconflict/wp-content/uploads/2022/04/auto-draft/SG-Report2021for-web.pdf>

*About the author:*

Kim Schönenberg has studied Psychology in Germany (University of Mainz, University of Leipzig) and in Sweden (Lund's University) and has taken additional classes in Gender Studies and Sociology. She is a PhD candidate and research associate in the research group "Psychotraumatology and Migration Research" at the Department of Medical Psychology and Medical Sociology at the Medical Faculty of the University of Leipzig since 2020. Currently, she is researching on the topic of sexual violence against men in the context of war and forced displacement, particularly on the issues of psychological and psychosocial care for male survivors and disclosure of victimization. As of late, she is a psychotherapist in training in psychoanalysis and psychodynamic psychotherapy.

## A silenced reality on the way to the United Kingdom: Sexual violence against migrant men and boys in Belgium and France

Author: **Leni Linthout**

International Center for Reproductive Health (ICRH) at Ghent University, Belgium; Université de Lille (France)

### Introduction

*"Why Britain should be worried by this flood of young male migrants"* [1] is only one example of a newspaper headline, framing migrants as male and as a societal threat [2]. Fueled by nationalist and populist politics, media discourses portray male migrants as dangerous, hypersexual, deceptive creatures and potential offenders, particularly of sexual crimes [2,3]. As a result, male migrants are categorized according to gender stereotypes and perceived as less vulnerable when compared to women and children [4]. Yet, conversely, a study of Médecins Sans Frontières (MSF) showed that male migrants are more likely to be subjected to different forms of violence from the police, the military, smugglers, and vigilant groups [5]. More specifically, albeit remaining largely invisible in men, the studies of Keygnaert et al. (2014) indicated that migrant men and boys are more likely to experience sexual violence than is reported globally in men [6].

### A silenced form of violence: sexual violence against male migrants

Sexual violence against men and boys takes a number of forms with broad categories including sexual harassment, sexual abuse, (attempted) rape, sexual exploitation and sexual violence as weapon of war and torture [7]. Yet, forms of hands-off sexual violence (e.g. sexual harassment) often go largely unacknowledged [7]. Findings suggest that refugees are repeatedly exposed to multiple forms of sexual violence by a variety of assailants [8]. However, in contrast to a large number of studies on sexual violence against women, male sexual violence has received considerably less attention [9]. Many studies on this topic are restricted to quantitative data sets and/or mainly rely on accounts of sexual offenders [10]. When a victim perspective is taken, the research predominantly focuses on specific subpopulations such as male victims of child sexual abuse [11], sexual coercion in college men [12], male rape in prison and detention [13], and in the army [14]. Sexual victimization of male migrants and those in transit is under-researched. Moreover, most violence research in, for example, criminology and clinical practices [15] consider men a priori as offenders and women as victims [16]. This gender-based binary approach is problematic as it ignores the complexity and multiplicity of violence and silences male victimization and women's agency [16].

### A silenced phase in the migration process: sexual violence during transit

Albeit the omnipresence of sexual violence at all stages of the migration journey, migrants face a particularly high risk along the route and in transit countries [8,17,18]. As people travel onwards, sexual violence occurs in desolate areas such as deserts, where smugglers keep people, in border areas and checkpoints, in detention centers and in many other places [8]. Most fundamentally used as a mechanism to intimidate, assailants are in most cases strangers, persons in authority and those assigned to protect them [6,17]. Evidence suggests that 28% of male refugees in transit at Lesbos were sexually victimized [17]. When considering personal and peer victimization altogether, which is equally traumatizing, even higher victimization rates (up to 37.20%) were found among undocumented male migrants in transit in Morocco [6]. Within the scarcity of studies on male sexual violence in migrants, only few studies were conducted in transit countries in the European periphery (e.g. Morocco, Jordan, Turkey and Lebanon) or in countries along the Western Balkan route (e.g. Greece and Serbia). Male sexual violence occurring on other migration routes on the European continent is not properly addressed yet. Moreover, although the majority of existing studies on sexual violence in transit comprise the experiences of women and men altogether [6,17,18], none of them solely focus on male victims in transit.

## **Male migrants in transit on the English Channel route**

After entering Europe, an increasing number of refugees continues their journey to the United Kingdom by crossing the English Channel [19]. In 2020, more than 8000 refugees succeeded this perilous sea crossing, up from almost 1900 in the previous year [20]. On their way to the United Kingdom, refugees temporarily reside in the Maximilian Park of Brussels (Belgium) and/or in the refugee camps in Dunkirk and Calais (France) [19]. With men and boys being very vulnerable in camp settings [21], UNICEF (2016) reported sexual violence against unaccompanied boys is commonplace along the coast of the English Channel [22]. In this context, survival and transactional sex in exchange for the promise of passage to the United Kingdom or in order to pay for their journey is a daily reality [22]. A recent report of Myria (2020) on transit migration in Belgium and France similarly stresses the regularity of violent events against male migrants including physical and psychological violence as well as unexpected frisks while being naked and forced undressing in presence of other migrants or police officers [23]. Besides this UNICEF report, this heightened vulnerability is neither reflected in policy attention nor in in-depth scientific research. At the different levels of the socio-ecological model, several knowledge gaps can hence be identified.

### **Knowledge gap 1**

Sexual violence can have severe and wide-ranging short-and long-term physical, psychological, sexual, reproductive and socio-economic consequences for the survivor, their family, and community [24]. Recent testimonies of a Save the Children representative suggest 50% of unaccompanied children in Italy presented with a Sexually Transmitted Infection (STI), including HIV, which medical professionals attributed to sexual exploitation during transit [25]. Other health impacts included rectal and genital trauma, urinary problems, genital scarring and sexual dysfunction [25], all of which could impact later sexual relationships and reproductive health. From a mental health point of view, survivors frequently grapple with intense feelings of shame, guilt and self-blame [24]. Since sexual victimization is irreconcilable with cultural expectation of male invulnerability [26], male survivors often blame themselves both at the level of the assault itself – since a man should be able to protect himself – as well as in dealing with its aftermath – since a man should be able to cope [27]. Male sexual violence can therefore involve a vicious attack on men's personal and social identity [21] and lead to the questioning or disruption of the gender identity, especially if they experienced an involuntary physical response to an assault (erection, ejaculation)[27]. Furthermore, sexual violence may cause confusion about one's sexuality (e.g. heterosexual survivors may believe that male sexual violence "turned them gay")[25]. The above mentioned reasons cause male survivors to be rather loath to acknowledge themselves as victims, to disclose their victimization and to seek help or report their victimization [21,28]. Male survivors of sexual violence seem, in contrast, more likely to adopt inadequate coping mechanisms such as engaging in aggression, risky sexual behavior, suicidal behavior and substance abuse [28]. These coping mechanisms however perpetuate the invisibility and silence around male sexual violence and potentially feed the manifestation of antisocial behavior [28].

### **Knowledge gap 2**

Male sexual victimization is, just as migration, a highly gendered phenomenon tremendously influencing men's roles, perceptions of Self and their performances of masculinity and masculine identities [29]. Challenging and contradicting *hegemonic masculinity* and the social ideal of gender, male victims of sexual violence are often placed at the bottom of the gender hierarchy [30]. As male victims may regard sexual violence as compromising their masculinity, Clark (2014) describes the presence of a sense of "stolen or harmed masculinity" in men [31]. Existing scholarship on male sexual violence, including conflict-related male sexual violence, predominantly tend to frame masculinity after sexual victimization in a unidimensional, non-reversible and unambiguous way [27,30]. This trend depicts male survivors as being completely and indefinitely stripped of their masculine identities [30]. Yet, empirically, there seems to be a misfit between this static and unambiguous framing on the one side and survivors' dynamic, fluid and variable lived experiences on the other [32]. Demonstrated by accounts of male survivors in northern Uganda, Schulz (2018) argues sexual violence compromises male survivors' masculinities

in a dynamic, ambiguous and multifaceted process perpetuated over time [32]. The impact of sexual violence on masculinity is therefore, rather than a singular event exclusively linked to particular acts of sexual violence, composed of layered vulnerabilities and shaped by a constellation of different factors such as ethnicity, religious background, class, age, sexuality, nationality, legal status and geographical emplacement [32]. Since only a few authors [18,32,33] investigated this intersection between migration, masculinities and sexual victimization, there remains a large gap in the literature. Further research on the impact of male sexual violence on the renegotiation and performance of masculinity and masculine identities, in migrants in transit is thus still to be undertaken.

### **Knowledge gap 3**

In addition to a range of gender-role-specific barriers at the individual level to recognize, disclose, seek help, and report sexual violence, the setup of sexual violence services and practitioners' approaches may erect barriers preventing male victims from coming forward [34]. Male survivors go often unidentified or are, due to ruling male rape myths, not recognized as even being susceptible to sexual violence by care providers [27,25,30,31]. Male survivors may also become confronted with inadequate provider attitudes and responses, which in turn lead to secondary victimization negatively impacting health and help-seeking behaviors and worsening discrimination [35]. Additionally, most services for sexual violence survivors are tailored to meet females' specific needs and accordingly adapt identification, care, and referral pathways [34]. Similarly, sexual violence clinics may often be physically integrated into mother and child wards, heightening the barriers for male victims to access care [35]. With the needs of male survivors differing widely from the needs of female survivors [21], a mere replication of interventions designed for women or based on clinical experience or literature on childhood sexual abuse doesn't lead to inclusive, effective care for male survivors [34]. Albeit calls to make sexual violence services more accessible to males, there have been few meaningful results so far [34,35]. Chynoweth et al. (2017) add that service providers lack guidance and evidence-based approaches in order to respond to the particular needs of male migrant victims [34]. To improve case identification and appropriate care, regardless of the victim's legal status, age, sexual orientation or gender identity, a deeper understanding of the needs of male migrant survivors as well as of professionals' current practices, attitudes, and responses to male sexual violence is needed.

### **Knowledge gap 4**

Lastly, at the policy level, global as well as European frameworks on sexual violence have in the last two decades addressed sexual violence in migrants [16]. Despite the increased recognition of sexual violence as a breach of human rights, these legal and policy frameworks on violence, migration and migrant health, systematically limit the understanding of sexual violence to a form of violence exclusively experienced by women and girls, as a weapon of war or resulting from harmful cultural practices such as female genital mutilation [5,16]. Moreover, the same legal and policy frameworks tend to focus predominantly on violence in countries of origin or countries of destination [16]. Consequently, male migrant victims or those experiencing sexual violence in transit or outside of a conflict setting, still face major legal obstacles when trying to access sexual and reproductive health services and/or when applying for international protection [16,36]. A new approach building upon the unique, lived experiences is thus strongly needed, in particular when dealing with refugees, applicants for international protection and migrants' exposure to sexual violence trauma.

To tackle the above mentioned gaps, a PhD study is conducted, providing the very first fundamental in-depth study on the lived experiences of male migrants in transit on the English Channel route in Belgium and France. The following research questions (RQ) can be formulated:

- RQ1:** How do male migrants in transit define the impact of adversities in transit, and specifically of male sexual violence, on their physical, mental, sexual and reproductive health?
- RQ2:** How does male sexual violence influence the renegotiation and performance of masculinity in male migrants in transit and how does this evolve?
- RQ3:** What are the needs of male migrants in transit after male sexual violence and how do these needs evolve?

- RQ4:** What is the help-seeking behavior of migrants in transit after male sexual violence and how does this evolve?
- RQ5:** What are the attitudes, practices and perspectives of professionals working with male migrants in transit on male sexual victimization?
- RQ6:** What is the impact of national and international legislation on the detection, care and protection of male migrant victims of sexual violence in transit?
- RQ7:** What is the acceptability of professionals' care practices and national and international legislation impacting the detection, care, and protection of male migrants in transit?

## Methodology

The multifaceted impact of male sexual violence on migrants' lives in transit zones will be investigated through longitudinal research. Preceded by a long-term ethnographic study and relationship-building with participants in their daily environments, this study will provide in-depth accounts from male victims themselves, countering the reproduction of preconceived understandings.

As a first step, the study will involve ethnographic research in two geographically dispersed but closely intertwined sites: refugee camps in Calais (France) and Maximilian Park in Brussels (Belgium). In both settings, migrants in transit are living with the same aim of reaching the UK. "In the study of migration and transnationalism, multi-sited ethnography is especially helpful because events and experiences often span multiple locations" [37]. Furthermore, this research approach is helpful for research among stigmatized and hidden populations, with whom rapport may take significant time [37].

To supplement the participant observation, in-depth interviews over a longitudinal timespan will be conducted with male migrants in transit in both study sites. This method is appropriate for eliciting individual experiences, opinions, and feelings regarding adversities and masculinity in transit migration in general. Furthermore, in-depth responses can provide nuances to and validation of the data gathered during the participant observation [37].

To study the perspectives, experiences, attitudes, and practices of professionals with respect to male sexual violence in migrants in transit, focus group discussions are organized. Focus group discussions are commonly used to identify a diversity of experiences, beliefs, and perceptions on complex topics or issues and are particularly effective for exploratory research in mixed-methods studies [38].

Finally, to evaluate the relevance and gender-inclusiveness of current French, Belgian, and European policies, laws, and instruments and assess the level of harmonization between these sources, including the transposition of EU legislation into French and Belgian law, a critical appraisal will be conducted.

## Bibliography

- [1] Afzal, N. (2016, January 8). *Why Britain should be worried by this flood of young male migrants: Leading lawyer who's the son of immigrants gives a stark warning*. MailOnline. Retrieved from: <https://www.dailymail.co.uk/news/article-3389734/Why-Britain-worried-flood-young-male-migrants-Leader-lawyer-s-son-immigrants-gives-stark-warning.html>;
- [2] Wojnicka, K., & Pustutka, P. (2019). Research on men, masculinities and migration: past, present and future, *NORMA*, 14(2), 91–95; [3] Scheibelhofer, P. (2017). 'It won't work without ugly pictures': Images of othered masculinities and the legitimization of restrictive refugee-policies in Austria. *NORMA*, 12(2), 159–174; [4] Plener, P.L., Groschwitz, R.C., Brähler, E., Sukale, T., & Fegert, J.M. (2017). Unaccompanied refugee minors in Germany: attitudes of the general population towards a vulnerable group. *Eur. Child Adolesc. Psychiatr.*, 26, 733–742; [5] Arsenijević, J., Schillberg, E., Ponthieu, A., et al. (2017). A crisis of protection and safe passage: violence experienced by migrants/refugees travelling along the Western Balkan corridor to Northern Europe. *Conflict Health*, 11(6); [6] Keygnaert, I., Djalmy, A., Manço, A., et al. (2014). Sexual Violence and sub-Saharan migrants in Morocco: a community-based participatory assessment using respondent driven sampling. *Globalization and Health*, 10(32); [7] Keygnaert, I. (2014). Sexual Violence and Sexual Health in Refugees, Asylum Seekers and Undocumented Migrants in Europe and the European Neighbourhood: Determinants and Desirable Prevention. Ghent: Ghent University; [8] UNHCR. (2020). 'On this journey, no one cares if you live or die' – Abuse, protection, and justice along routes between East and West Africa and Africa's Mediterranean coast. Geneva: UNHCR; [9] Peterson, Z.D., Voller, E.K., Polusny, M.A., et al. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review*, 31, 1–24; [10] Javaid, A. (2015). The dark side of men: The nature of masculinity and its uneasy relationship with male rape. *The Journal of Men's Studies*, 23(3), 271–292; [11] Nelson, A., & Oliver, P. (1998). Gender and the construction of consent in child-adult sexual contact: Beyond

gender neutrality and male monopoly. *Gender & Society*, 12, 554–577; [12] Struckman-Johnson, C., Struckman-Johnson, D., & Anderson, P.B. (2003). Tactics of sexual coercion: When men and women won't take no for an answer. *Journal of Sex Research*, 40, 76–86; [13] Struckman-Johnson, C., & Struckman-Johnson, D. (2006). A comparison of sexual coercion experiences reported by men and women in prison. *Journal of Interpersonal Violence*, 21, 1591–1615; [14] Belkin, A. (2008). "Don't ask, don't tell": Does the gay ban undermine the military's reputation? *Armed Forces & Society*, 34, 276–291; [15] Spiegel, J. (2013). *Sexual abuse of males: The SAM model of theory and practice*. London: Routledge; [16] Keygnaert, I., & Guieu, A. (2015). What the eye does not see: a critical interpretive synthesis of European Union policies addressing sexual violence in vulnerable migrants. *Reproductive Health Matters*, 23(46), 45–55; [17] Belanteri, R.A., Hinderaker, S.G., Wilkinson, E., et al. (2020). Sexual violence against migrants and asylum seekers. The experience of the MSF clinic on Lesbos Island, Greece. *PLoS ONE*, 15(9); [18] Keygnaert, I., Vettenburg, N., & Temmerman, M. (2012). Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *Culture, Health & Sexuality*, 15(5), 505–520; [19] de Massol de Rebetz, R. (2020). How useful is the concept of transit migration in an intra-Schengen mobility context? Diving into the migrant smuggling and human trafficking nexus in search for answers. *Eur J Crim Policy Res*; [20] Tondo, L. (2021, January 14). *Journeys of hope: what will migration routes into Europe look like in 2021?* Retrieved from: <https://www.theguardian.com/global-development/2021/jan/14/journeys-of-hope-what-will-migration-routes-into-europe-look-like-in-2021>; [21] Russell, W. (2007). Sexual Violence against Men and Boys. *Forced Migration Review*, 27, 22–23; [22] UNICEF. (2016). *Neither safe nor sound*. Geneva: UNICEF Press. [23] Myria. (2020). *Myriadoc 10: België, op de weg naar het Verenigd Koninkrijk*. Myria. Retrieved from <https://www.myria.be/fr/publications/myriadoc-10-migration-de-transit>; [24] WHO. (2003). *Guidelines for medico-legal care for victims of sexual violence*. Geneva, Switzerland: WHO; [25] Chynoweth, S. (2019). *"More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy*. New York: Women's Refugee Commission; [26] Connell, R.W., & Messerschmidt, J.W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19, 829–859; [27] Sivakumaran S. (2007) Sexual violence against men in armed conflict. *European Journal of International Law*, 18, 253–276; [28] Kiss, L., Quinlan-Davidson, M., Pasquero, L, et al. (2020). Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low-and middle-income countries. *Conflict and Health*, 14(11); [29] Bell, J., & Pustutka, P. (2017). Multiple masculinities of Polish migrant men. *NORMA*, 12(2), 127–143; [30] Javaid, A. (2017). The Unknown Victims: Hegemonic Masculinity, Masculinities, and Male Sexual Victimization. *Sociological Research Online*, 22(1); [31] Clark, J.N. (2014). A Crime of Identity: Rape and Its Neglected Victims. *Journal of Human Rights*, 13(2), 146–169; [32] Schulz, P. (2018). Displacement form gendered personhood: sexual violence and masculinities in northern Uganda. *International Affairs*, 94(5), 1101–1119; [33] Keygnaert, I., Vettenburg, N., Roelens, K., et al. (2014). Sexual health is dead in my body: participatory assessment of sexual health determinants by refugees, asylum seekers and undocumented migrants in Belgium and The Netherlands. *BMC Public Health*, 14(416); [34] Chynoweth, S., Freccero, J., & Touquet, H. (2017). Sexual violence against men and boys in conflict and forced displacement: implications for the health sector. *Reproductive Health Matters*, 25, 90–94; [35] Apperley, H. (2015). Hidden victims: a call to action on sexual violence against men in conflict. *Med Confl Survivors*, 1–8; [36] Addis, M.E., & Mahalik, J.R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5–14; [37] Holmes, S.M., & Casaneda, H. (2014). Ethnographic Research in Migration and Health. In M.B. Schenker, et al. (Eds.), *Migration and Health. A Research Methods Handbook* (pp. 265–277). California: University of California Press; [38] Kitzinger, J. (2005). Focus Group Research: Using Group Dynamics to Explore Perceptions, Experiences and Understandings. In I. Holloway (Ed.), *Qualitative Research in Health Care* (pp. 56–70). Maidenhead: Open University Press.

### About the author:

Graduated as a Master in Social Work and Social Pedagogy, I aspire to study the lived experiences and impact of sexual violence on men's health and masculine identity. My study focusses specifically on migrant men and boys who aim to migrate further towards the United Kingdom. I apply a mixed-methods study design combining ethnographic fieldwork and participatory methods over a longitudinal timespan. Previously, I was involved in the European project INHeRE, improving capacity and knowledge of professionals working with migrant victims of sexual violence. To broaden my knowledge on European policy-making, I am involved in an Master programme on European Integration and Development with a special focus on "Migration" and "Climate governance".

## Conflict-related and sexual trauma in Arabic-speaking treatment-seeking men: Prevalence and relationship with sociodemographic and psychological aspects

Authors: **Max Vöhringer** and **Freya Specht**

Department for traumatic stress and transcultural studies, Center ÜBERLEBEN, Berlin, Germany

### Introduction

Conflict-related sexual violence (CRSV) against men and boys has not only been largely ignored for a long time by political institutions and decision-makers as well as civil society organisations (Kiss et al., 2020; Zalewski et al., 2018) but also by empirical researchers of all disciplines including psychology (Nesterko et al., 2021; Nesterko & Glaesmer, 2020). Hence, only few data exist on the dimension of the phenomenon and on its mental health consequences, not speaking of the specific psychological mechanisms associated with it, even though documentations of CRSV against men and boys exist for almost every armed conflict of the recent past (e.g., Féron, 2018; Misra, 2015; Sivakumaran, 2007; Stemple, 2009). In their systematic review about health outcomes of CRSV on civilians between 1981 and 2014, Ba and Bhopal (2017), found only 20 studies of which just eight included male victims.

Insights from psychological and epidemiological research non-specific to male survivors or to the intersection of sexual and conflict-related violence allow first approximations to the psychological dimensions of consequences of CRSV: Sexual violence in general has been shown to be associated with high symptom burden of the survivors who often suffer from posttraumatic stress disorder (PTSD), depression, anxiety disorders, substance use disorders, and also problems in relationships and with sexuality (Khadr et al., 2018; Oram, 2019; Sweeney et al., 2019). The traumatizations of both war-related as well as sexual violence correlate with the highest probability of development of a PTSD (Kessler et al., 1995).

The few empirical studies that have analyzed mental and physical aspects of CRSV against men and boys show corresponding results: In their systematic review, Ba and Bhopal (2017) report that the most frequent mental health outcomes of CRSV on (including but not only male) civilians were PTSD, anxiety, and depression. In their study on sexual violence in Northern Uganda, Kinyanda et al. (2010) analyzed a sample of persons internally displaced during the war between the central government and the rebel group Lord's Resistance Army. It included 240 men and a very high prevalence of an increased psychological burden was found: In total, 28.6% of the female and 6.7% of the male participants reported at least one form of war-related sexual violence. Of these participants altogether (male and female), 70% reported significant psychological distress scores. Loncar, Henigsberg and Hrabac (2010) interviewed 60 men from Croatia and Bosnia, who were seeking psychosocial support after experiencing sexual violence when being imprisoned during the wars in former Yugoslavia in the 1990s. All of these men reported a set of symptoms meeting the criteria of a PTSD. Johnson et al. (2008) conducted a population-based survey in Liberia about war-related psychological stress that included 786 men. Of those male participants, 32.6% of former soldiers and 7.4% of civilians reported CRSV. The prevalence of PTSD among these survivors of CRSV was especially high with 81% for the soldiers and 46% for the civilians. Another population-based survey focussing on conflict-related psychological stress was conducted in the Democratic Republic of Congo by Johnson et al. (2010). It included 405 men of which 23.6% reported experiences of sexual violence. Again, the prevalence rates among these survivors of CRSV were high: 56% suffered from PTSD, 50.1% from substance use disorders, 47.5% from depression, and 39.3% from suicidal ideations, while 22.8% reported at least one suicide attempt. Similarly, in a multi-country, qualitative, exploratory study on characteristics and impacts of sexual violence against men and boys in conflict and displacement, Chynoweth et al. (2022) found a range of psychological symptoms that are typical for PTSD, anxiety, and depression. These included, e.g., intrusive thoughts, sleep disturbances, suicidal ideations, feelings of isolation and loneliness etc. More specifically, survivors described feelings of guilt, anger, shame, and self-blame.

It can be summarized that men who experience CRSV are exposed to a high risk of severe psychological burden leading to common mental disorders. In addition, the phenomenon of CRSV against men and boys is most-often tabooed and stigmatized, and in consequence the barriers for disclosure and/or help-seeking

behaviour seem to be especially high (Kiss et al., 2020; Nesterko & Glaesmer, 2020). However, (non-)disclosure of sexual violence plays an important role for the psychological consequences of such experiences (Kavemann, 2016; Schönenberg et al., 2022).

Consequently, Nesterko and Glaesmer (2020) see an urgent necessity of detailed and systematic assessments of CRSV against males and its health consequences, including prevalence rates and analyses of the survivors in terms of socio-demographic characteristics and possible differences regarding psychological consequences. Furthermore, possible protective and risk factors should be analyzed. This means to look in detail at the specific psychological processes provoked by experiences of CRSV, e.g., by comparing survivors of CRSV with those of other traumatic events.

An example where such comparisons have been made within a female sample is the study of Kuwert et al. (2014): It compared 27 survivors of CRSV during World War II with matched control subjects with non-sexual trauma during the war. The survivors of CRSV reported greater severity of PTSD-related avoidance and hyperarousal symptoms and anxiety than the control group; 80.9% reported also severe sexual problems during their lifetime compared to 19% in the group with non-sexual war trauma. In addition, greater post-traumatic growth but less social acknowledgement was found for the survivors of CRSV. In their textbook article about sexual violence against women in wars, Hauser and Griese (2015) conclude that female survivors experience various and severe physical and psychological consequences and that high comorbidities of psychological disorders are found. It is further described that the women are often accused of a joint guilt. Similarly, to male survivors, women frequently suffer from feelings of shame and guilt all their lives, often the self-concept and the attitude towards oneself and the body is changed and strong self-deprecation occurs.

This leads to the question of how psychological consequences of CRSV can be investigated in a detailed manner looking beyond psychological diagnoses and the corresponding symptoms. One way is to bring into focus cognitive aspects, because negative trauma-related cognitions play a key role in the development and maintenance of PTSD according to cognitive models (e.g., Dalgleish, 2004; Ehlers & Clark, 2000; Foa et al., 1989; Resick & Schnicke, 1992). To illustrate, general cognitions about safety could be distorted as a consequence of traumatic experiences (e.g., "There is no safety in the world whatsoever.") leading to persistent psychological adaptations of the individual. According to the model originally developed by McCann et al. (1988) the transformations of cognitive schemas can happen within the areas of safety, trust, power, esteem, and intimacy, and along the dimensions of the self and others.

The study of Kleim et al. (2013) is an example of an application of the cognitive model: It showed that a reduction in dysfunctional appraisals predicted symptom alleviation during a trauma-focused cognitive behavioral therapy (CBT). Similarly, Scher et al. (2017) found that beliefs regarding reliability and trustworthiness of others, self-worth and judgment, threat of harm, and guilt were related to PTSD symptoms up to ten years following treatment of PTSD. They conclude that trauma-related cognitions are a mechanism for long-term maintenance of PTSD treatment gains.

The concept of posttraumatic appraisals is also based on cognitive models and extends them further, especially to the realm of emotions: Appraisals are defined as "people's assessments of their thoughts, feelings (including affective states), and behaviors" (DePrince et al., 2011, p. 430). Emotions and cognitive appraisals are considered components of the same affective state (Ellsworth & Scherer, 2003). Most research around trauma and emotions has focused on the associations of PTSD symptoms with fear and anxiety, however, links with anger, shame, and self-blame have increasingly been analyzed (e.g., Beck et al., 2015; DePrince et al., 2010, 2011). Hence, the appraisal categories fear, anger, shame, and self-blame are studied in order to disentangle which of them account for variances in trauma-related distress such as dissociations, depression, and PTSD symptoms. For example, shame has been shown to be associated with PTSD (La Bash & Papa, 2013; Street & Arias, 2001) and self-blame with depression (DePrince et al., 2011). Posttraumatic self-blame and shame were also found to correlate with maladaptive behavior such as alcohol use and avoidant problem-solving (Tran et al., 2019). The mentioned set of four appraisal categories was expanded by including betrayal and alienation (i.e., the belief that one is disconnected from oneself and/or others), because several associations with posttraumatic stress have



been found (Deprince et al., 2015; McIlveen et al., 2020). Beck et al. (2015) argue that different appraisals can also be a result of varying trajectories of individual posttraumatic processes where cognitions and emotions may change over time, thus knowledge about these trajectories could better inform targeted interventions.

The aim of the present study is to contribute to filling the gap concerning quantitative data on CRSV against men and especially its mental health consequences by analyzing a large sample of Arabic-speaking men from more than 40 countries. A unique aspect of the research is that all participants were seeking psychological treatment. Prevalence rates of traumatic events as well as associated socio-demographic, trauma-related, and psychological data were examined with a special focus on differences between survivors of different trauma types. The cognitive model serves as the background for the exploratory analysis of the psychological data.

## Methods

### Sample and Procedure

Participants were treatment-seeking men who completed an online screening survey in order to take part in an internet-based treatment for either posttraumatic stress disorder (PTSD) or depression provided in Arabic language. The study is part of an open-label dissemination study of the treatments (e.g., Böttche et al., 2021; Knaevelsrud et al., 2015; Specht et al., 2022; Vöhringer et al., 2020) and was approved by the Ethics Committee of the Freie Universität Berlin, Germany. It is implemented in the context of a program that exists since 2008 which is carried out by the Center UEBERLEBEN in Berlin, Germany, a psychosocial centre which offers psychosocial treatment and counselling for survivors of torture and war. To recruit participants, advertisements on the internet, e.g., through social media and a website, were used. No financial compensation was offered.

To be included in the present analysis, participants had to be able to read and write in Arabic, identify as male and have access to the internet. Furthermore, they had to have reported at least one traumatic experience. As only screening data were analyzed, the inclusion and exclusion criteria of the dissemination study of the treatments did not apply yet (for exclusion criteria of the intervention see Böttche et al., 2021).

Participants were recruited between February 2021 and September 2022. During this time, a total of 2,813 male individuals registered, provided informed consent and completed the screening questionnaires. Of these, 1,810 participants (64.3%) reported at least one traumatic experience and thus qualified for the study. From those, 257 (14.2%) participants were excluded from the analysis because of incomplete screening data. The final sample thus included  $N = 1,535$  individuals.

### Measures

All measures were assessed online before the start of the intervention.

The screening questionnaire inquired socio-demographic data, i.e., age, education, country of origin, country of residence and two binary questions inquiring whether participants had to flee from their home country as a consequence of an armed conflict or fear of persecution, and whether they had previously received treatment for their present concern.

*Exposure to traumatic events* were indexed using a measure derived from combining the trauma event lists of two standardized questionnaires, namely the Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992) and the Posttraumatic Diagnostic Scale (PDS; Foa, 1997). Item 16 ("Severe injury, damage or death inflicted on others") of the Life Events Checklist for DSM-5 (LEC-5; Weathers et al., 2013) was additionally included. In all, this scale yielded 23 items indexing exposure to various types of traumatic events. Multiple answers were possible. In the analysis, the sum score representing the number of different traumatic event types reported by participants was used.

*Depressive symptoms* were assessed with the Beck Depression Inventory II (BDI-II; Beck et al., 1996). The BDI-II is a widely used 21-item self-report inventory. The frequency of each symptom within the last two weeks is rated on a 4-point Likert scale ranging from *not at all* (0) to *completely* (3), with a total score ranging from 0 to 63. Various studies found evidence for reliability and validity across different populations, including Arabic

speaking populations (e.g., Alansari, 2006; Al-Musawi, 2001; Selmo et al., 2019). In the present sample, internal consistency of the BDI-II was  $\alpha = .89$ .

*Somatization* was measured with the Patient Health Questionnaire-15 (PHQ-15; Kroenke et al., 2004). It measures somatic complaints with 15 items, each rated on a 3-point Likert scale from *not affected* (0) to *strongly affected* (2). The Arabic version of the questionnaire has shown external validity in primary care patients in Saudi Arabia (Becker et al., 2002). Internal consistency of the PHQ-15 was  $\alpha = .83$ .

*Posttraumatic stress symptoms* were rated according to the current criteria of the Diagnostic and statistical manual (DSM-5; American Psychiatric Association, 2013) using the Posttraumatic Stress Disorder Checklist (PCL-5; Blevins et al., 2015). It is calculated as the sum score of 20 items on different symptoms in the past 30 days. Each item refers to one symptom of PTSD grouped into the four symptom clusters: re-experiencing, avoidance, negative alterations in cognition and mood, and hyper-arousal. Frequency of each symptom is rated on a 5-point Likert scale ranging from *not at all* (0) to *extremely* (4), with a total score ranging from 0 to 80. The PCL-5 has shown satisfactory validity (Bovin et al., 2015; Wortmann et al., 2016) and is recommended for assessing posttraumatic distress in Arabic (Ibrahim et al., 2018). Internal consistency of the PCL-5 was  $\alpha = .92$ .

*Disclosure* was assessed with one item inquiring whether the respondent had talked to others (e.g., friends, family, acquaintances) about the event (other than psychological professionals). Answers were given on a 9-point Likert scale ranging from *never* (0) to *daily* (8).

*Trauma-related guilt* refers to the experience of distressing emotions while negatively appraising action or inaction during a traumatic event as incongruent with a person's value system (Kubany & Watson, 2003). The Trauma-Related Guilt Inventory (TRGI; Kubany et al., 1996) is a 32-item self-report questionnaire that measures cognitive and emotional attributes of guilt related to a traumatic event. It includes three factors: global guilt (4 items), distress (6 items), and guilt cognitions (22 items). The latter was assessed in the present study. Answers were given on a 5-point Likert scale ranging from *Not at all true* (0) to *Extremely true* (4). The guilt cognitions subscale has demonstrated high internal consistency and construct validity in a trauma sample (Kubany et al., 1996). Internal consistency of the TRGI was  $\alpha = .90$ .

The *Posttraumatic Maladaptive Beliefs Scale* (PMBS; Vogt et al., 2012) measures beliefs in response to traumatic events. It comprises 15 items and three subscales: threat of harm, self-worth and judgment, trustworthiness of others. Answers were given on a 7-point Likert scale ranging from *not at all true* (1) to *completely true* (5). The PMBS has demonstrated reliability and validity (Vogt et al., 2012). Internal consistency of the PMBS was  $\alpha = .79$ .

The *Trauma Appraisal Questionnaire* (TAQ; DePrince et al., 2010) measures what participants felt, experienced and thought during the past month while reflecting about the traumatic event. It is a self-report measure comprising 54 items and six distinct subscale scores: betrayal, self-blame, fear, alienation, anger, and shame. Answers were given on 5-point Likert scales ranging from *strongly disagree* (1) to *strongly agree* (5). The TAQ has shown satisfactory reliability and validity (DePrince et al., 2010). Internal consistency of the TAQ was  $\alpha = .96$ .

All of the questionnaires had already been translated into standard Arabic, and subsequently blind back-translated to the original version (Knaevelsrud et al., 2015).

### Statistical Analyses

For this study, only complete screening measures were included. Therefore, no missing data had to be excluded nor imputed. The analysis plan was twofold: First, sociodemographic and trauma characteristics were examined. Second, psychopathology and measures of disclosure, guilt, shame and beliefs were compared among participants who reported sexual trauma only vs. together with conflict-related trauma vs. no sexual trauma in an exploratory manner. For the latter, participants were stratified into three groups based on which traumatic experience they reported: The first group reported at least one sexual traumatic event type (i.e., sexual assault by a family member or acquaintance, sexual assault by a stranger) but without any conflict-related trauma event types (i.e., brainwashing, disappearance or kidnapping, torture, captivity, combat deployment in war or stay in a war zone). The second group reported at least one sexual traumatic event type and at least one conflict-related

traumatic event type. The third group reported at least one traumatic event type but without any sexual traumatic event type. Statistical analyses were conducted using the program R (version 4.2.1).

## Results

### Sociodemographic and Trauma Characteristics

A summary of sociodemographic characteristics of the sample is given in Table 1. The sample consisted of  $N = 1,535$  male participants, who were on average 27 years old (range 16–70). About 42% ( $n = 646$ ) of the participants reported having a college diploma. The study included participants from 45 different countries of origins. The five most represented countries were Egypt ( $n = 546$ , 35.6%), Saudi Arabia ( $n = 217$ , 14.1%), Syria ( $n = 213$ , 13.9%), Jordan ( $n = 81$ , 5.3%), and Morocco ( $n = 78$ , 5.1%). As a consequence of an armed conflict or fear of persecution, 16.9% ( $n = 259$ ) of the participants indicated that they had to flee from their home country. Participants reported, on average, 4.5 out of 23 different traumatic events (range 1–21).

**Table 1:** Sociodemographic characteristics of participants

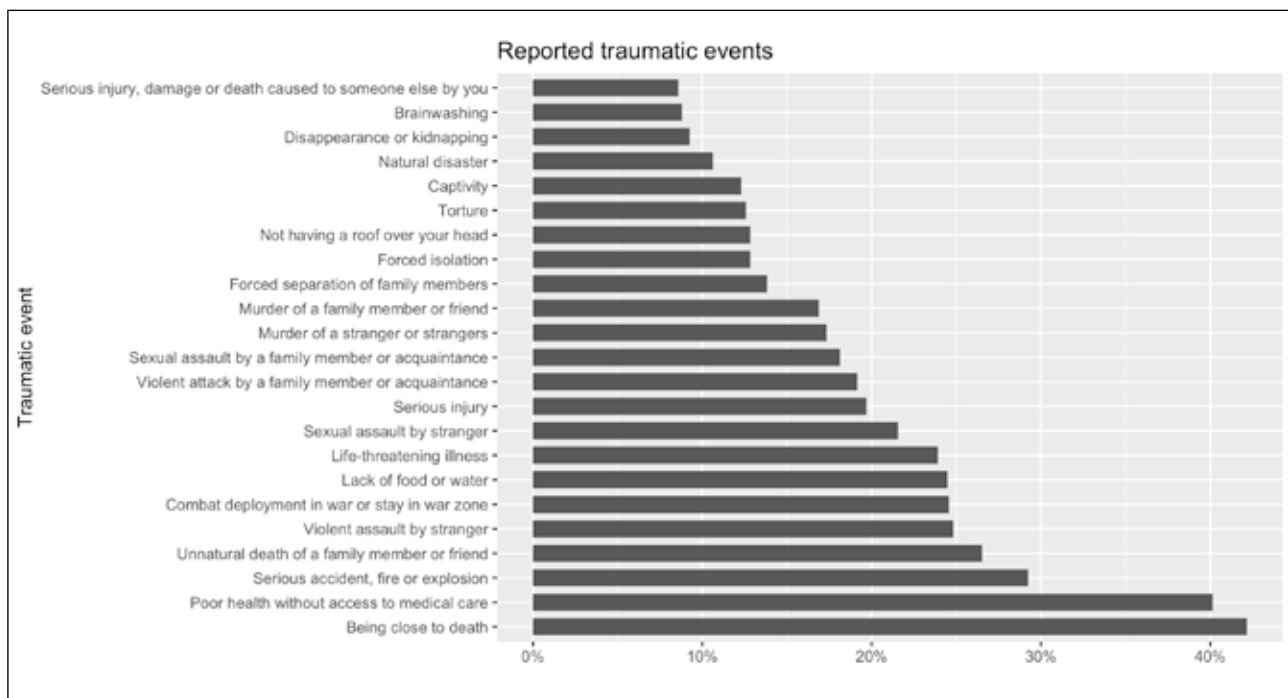
Characteristics	Total sample ( $N = 1,535$ )
Age, $M$ ( $SD$ ) [Range]	27.2 (8.07) [16.0, 70.0]
Education, $n$ (%)	
No school degree	37 (2.4%)
Middle school	152 (9.9%)
High school	700 (45.6%)
College or university degree	646 (42.1%)
Family status, $n$ (%)	
Single	1020 (66.4%)
In a relationship	148 (9.6%)
Married / partnership	323 (21.0%)
Divorced	42 (2.7%)
Widowed	2 (0.1%)
Kind of residence, $n$ (%)	
Large city	720 (46.9%)
Periphery of a large city	171 (11.1%)
Medium-sized or small town	447 (29.1%)
Rural village	186 (12.1%)
Farm building or single house in rural area	11 (0.7%)
Experience of flight, $n$ (%)	
Yes	259 (16.9%)
No	1276 (83.1%)
Past treatment, $n$ (%)	
Yes	353 (23.0%)
No	1182 (77.0%)

## Prevalences and group comparisons

Figure 1 shows the prevalence rates of all reported traumatic event types. A total of 28.0% ( $n = 430$ ) of the participants reported at least one sexual traumatic event and a total of 41.9% ( $n = 643$ ) reported at least one conflict-related traumatic event.

Building the first group for comparison,  $n = 239$  (15.6%) men reported at least one sexual traumatic event but without any conflict-related trauma. As the second group,  $n = 191$  (12.4%) men reported at least one sexual traumatic event and at least one conflict-related traumatic event. As the third group,  $n = 1,105$  (72.0%) men reported at least one traumatic event but without any sexual traumatic event.

**Figure 1:** Prevalence rates of reported traumatic events



Note.  $N = 1,535$ . Multiple answers possible.

As for the psychopathology measures (depression, somatization, PTSD symptoms), which are shown in Table 2, men reporting sexual and conflict-related trauma showed the highest mean scores compared to those who faced sexual trauma without conflict-related trauma and those who reported non-sexual trauma. Furthermore, the number of different traumatic event type categories reported by the group with sexual and conflict-related trauma was twice as high as in the other trauma survivors. However, by (group) definition the men in the group with sexual and conflict-related trauma had to have reported at least two traumatic event types in contrast to the other two groups (at least one sexual trauma or at least one traumatic event but no sexual traumatic event). This has to be kept in mind when comparing the trauma exposure data of the three groups.

**Table 2:** Psychopathology

Variable	Sexual trauma (n = 239)	Sexual and conflict- related trauma (n = 191)	Non-sexual trauma (n = 1,105)
	M (SD)	M (SD)	M (SD)
Depression (BDI-2)	33.7 (13.1)	36.4 (12.0)	33.6 (12.8)
Somatization (PHQ-15)	12.7 (5.5)	13.5 (5.5)	12.2 (5.5)
PTSD symptoms (PCL-5)	45.5 (16.0)	49.9 (15.9)	45.2 (17.4)
Re-experiencing	9.4 (5.3)	11.0 (5.5)	9.8 (5.7)
Avoidance	4.7 (2.6)	4.6 (2.6)	4.1 (2.7)
Negative alterations in cognition and mood	17.9 (6.4)	19.5 (6.1)	17.5 (6.6)
Hyper-arousal	13.5 (5.6)	14.8 (5.4)	13.8 (5.9)
Number of traumatic events	3.9 (2.5)	8.7 (4.7)	3.9 (3.3)

Note. N = 1,535

As for the group comparisons on disclosure, guilt, shame, and beliefs, which are shown in Table 3, the differences between groups varied more. On average, the group with sexual trauma only disclosed least and revealed the strongest trauma-related guilt cognitions. The group with sexual and conflict-related trauma scored highest on the overall scores for trauma appraisal (TAQ) and posttraumatic maladaptive beliefs (PMBS) as well as on the subscales alienation (TAQ), fear (TAQ), and threat of harm (PMBS). For the subscales of betrayal and shame (both TAQ), both groups that reported sexual trauma (with and without conflict-related trauma) scored similarly and higher than the non-sexual trauma group.

**Table 3:** Disclosure, guilt, shame, & beliefs

Variable	Sexual trauma (n = 239)	Sexual and conflict- related trauma (n = 191)	Non-sexual trauma (n = 1,105)
	M (SD)	M (SD)	M (SD)
Disclosure	1.1 (1.8)	1.7 (2.0)	2.3 (2.4)
Trauma-related guilt (TRGI)	2.2 (0.7)	2.0 (0.7)	2.0 (0.7)
Trauma appraisal (TAQ)	185.4 (39.3)	194.1 (39.2)	177.2 (44.5)
Betrayal	24.5 (6.3)	25.8 (6.8)	21.9 (8.2)
Self-blame	31.3 (9.2)	31.0 (9.7)	30.5 (10.0)
Fear	36.3 (11.1)	40.2 (10.8)	36.9 (11.4)
Alienation	39.8 (8.4)	42.1 (6.9)	39.3 (8.5)
Anger	28.7 (8.3)	29.5 (8.5)	27.2 (9.0)
Shame	24.7 (6.9)	25.4 (7.2)	21.4 (7.7)
Posttraumatic maladaptive beliefs (PMBS)	66.1 (16.3)	70.5 (14.5)	65.2 (15.3)
Threat of harm	22.4 (7.8)	25.2 (6.8)	22.2 (7.6)
Self-worth and judgement	22.1 (6.7)	22.5 (6.6)	21.6 (6.3)
Trustworthiness of others	21.7 (6.8)	22.8 (6.4)	21.4 (6.8)

Note. N = 1,535

### Discussion

With more than one out of four men of the treatment-seeking sample reporting sexual and/or conflict-related trauma and more than 10% reporting sexual and conflict-related trauma the results confirm the few available epidemiological data (see Introduction) about the phenomena of sexual and CRSV against men: A substantial proportion of men report such experiences. The data about its psychological consequences affirm existing insights, too: Men reporting sexual and conflict-related trauma showed, on average, the highest scores for depression, somatization, and PTSD symptoms compared to those with sexual trauma only or non-sexual trauma. Thus, these survivors of sexual and conflict-related trauma faced a high risk of severe psychological burden. The mean number of traumatic event types reported by them is more than twice the number of the other trauma survivors (i.e., of sexual trauma only or non-sexual trauma) showing that these men are often traumatized in multiple ways.

The group comparisons on disclosure, guilt, shame, and beliefs shed further light on psychological mechanisms following sexual and conflict-related trauma versus other traumatic experiences. While for the psychopathological measures, i.e., depression, somatization, and PTSD symptoms, the differences between the group with sexual trauma only and the group with non-sexual trauma were negligible (except for the PTSD symptoms subscale of avoidance), this does neither hold true for the disclosure nor for the cognitive and posttraumatic appraisal measures: Both the groups with sexual and conflict-related trauma and with sexual trauma only disclosed, on average, less than the group with non-sexual trauma. However, the group with sexual trauma only disclosed least (average score of 1.1), with a difference to the group with sexual and conflict-related trauma (1.7), indicating that specifically sexual trauma accounts most for the barrier for disclosure. One possible explanation for this difference is the variance in guilt cognitions: the mean trauma-related guilt was also highest for the group with sexual trauma only.

For the measures of trauma appraisal and posttraumatic maladaptive beliefs a mixed pattern was found: For the trauma appraisal categories of alienation and fear, the group with sexual and conflict-related trauma scored highest while the other two groups showed similar results. The same applies for the posttraumatic maladaptive belief category threat of harm. Thus, these three categories (alienation, fear, threat of harm) seem to be specifically relevant for the intersection of sexual and conflict-related trauma. For the trauma appraisal categories of betrayal and shame, on the other hand, the group with sexual trauma only and the one with sexual and conflict-related trauma scored similarly, but both higher than the non-sexual trauma group. The overall scores for trauma appraisal and posttraumatic maladaptive beliefs, however, were highest for the group with sexual and conflict-related trauma, further explaining the high psychological burden of this group.

### Limitations

So far only descriptive statistics have been analyzed, we did not yet test for statistical significance of differences. The results must therefore be considered against this background. Further limitations of this study refer to the measurements of the trauma: Due to the study design originally developed for the dissemination study of the PTSD / depression treatments, it cannot be ascertained if a reported sexual trauma happened in the context of a reported conflict-related trauma, or if the two traumatic events occurred independently: The measure of exposure to traumatic events only asks separately about event types, but not about the intersection. It must also be acknowledged that –as the traumatic events were recorded according to the DSM-5 criteria for PTSD – they were either experienced by the respondents themselves, or the respondents witnessed, learned that a relative or close friend was exposed, or were exposed to aversive details in the course of professional duties. This means that for a (unknown) proportion of the respective respondents, the actual survivor might not have been male. All the psychological measures apply to the male respondents, nevertheless. Last not least, for the questionnaires on disclosure, guilt, and shame, the respondents were instructed to relate their answers to the traumatic event they assessed as the worst one which may but not necessarily must refer to the sexual and/or conflict-related trauma.

### Implications and outlook

The large numbers of reports of sexual and conflict-related trauma in the study and the high scores of the survivors on psychopathology measures confirm the importance of assessing the phenomenon and its mental health consequences in more detail. The severe impacts of sexual and conflict-related trauma found for trauma appraisals and posttraumatic maladaptive beliefs can lead to significant clinical and practical consequences, as the study of Jaffe et al. (2019) illustrates: They found that the perceived threat of harm, i.e., cognitions that the world is dangerous, mediated associations between interpersonal trauma and the risk of revictimization. The high barriers for disclosure detected especially for sexual trauma furthermore point to taboos and stigmatizations which make targeted and protected treatment settings even more necessary.

As a next step in the research project the application of inferential statistics is planned in order to enhance the statistical robustness of the results. Differentiations between groups with different trauma types will then be further discussed against the background of existing research on CRSV against men and trauma-related cognitions and appraisals.

### References

- Alansari, B. M. (2006). Internal consistency of an Arabic adaptation of the Beck Depression Inventory-II with college students in eighteen Arab countries. *Social Behavior and Personality: An International Journal*, 34(4), 425–430. <https://doi.org/10.2224/sbp.2006.34.4.425>
- Al-Musawi N. M. (2001). Psychometric properties of the beck depression inventory-II with university students in Bahrain. *Journal of Personality Assessment*, 77(3), 568–579. [https://doi.org/10.1207/S15327752JPA7703\\_13](https://doi.org/10.1207/S15327752JPA7703_13)
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Ba, I., & Bhopal, R. S. (2017). Physical, mental and social consequences in civilians who have experienced war-related sexual violence: A systematic review (1981–2014). *Public Health*, 142, 121–135. <https://doi.org/10.1016/j.puhe.2016.07.019>
- Beck, A. T., Steer, R. A., Ball, R., & Ranieri, W. F. (1996). Comparison of Beck Depression Inventories-IA and-II in Psychiatric Outpatients. *Journal of Personality Assessment*, 67(3), 588–597. [https://doi.org/10.1207/s15327752jpa6703\\_13](https://doi.org/10.1207/s15327752jpa6703_13)
- Beck, J. G., Reich, C. M., Woodward, M. J., Olsen, S. A., Jones, J. M., & Patton, S. C. (2015). How do negative emotions relate to dysfunctional posttrauma cognitions? An examination of interpersonal trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(1), 3–10. <https://doi.org/10.1037/a0032716>
- Becker, S., Al Zaid, K., & Al Faris, E. (2002). Screening for Somatization and Depression in Saudi Arabia: A Validation Study of the Phq in Primary Care. *The International Journal of Psychiatry in Medicine*, 32(3), 271–283. <https://doi.org/10.2190/XTDD-8L18-P9E0-JYRV>
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress*, 28(6), 489–498. <https://doi.org/10.1002/jts.22059>
- Böttche, M., Wagner, B., Vöhringer, M., Heinrich, M., Stein, J., Selmo, P., Stammel, N., & Knaevelsrud, C. (2021). Is only one cognitive technique also effective? Results from a randomized controlled trial of two different versions of an internet-based cognitive behavioural intervention for post-traumatic stress disorder in Arabic-speaking countries. *European Journal of Psychotraumatology*, 12(1), 1943870. <https://doi.org/10/gm9x6k>
- Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2016). Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition (PCL-5) in veterans. *Psychological Assessment*, 28(11), 1379–1391. <https://doi.org/10.1037/pas0000254>
- Chynoweth, S. K., Buscher, D., Martin, S., & Zwi, A. B. (2022). Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study. *Journal of Interpersonal Violence*, 37(9–10), NP7470–NP7501. <https://doi.org/10.1177/0886260520967132>
- Dagleish, T. (2004). Cognitive Approaches to Posttraumatic Stress Disorder: The Evolution of Multirepresentational Theorizing. *Psychological Bulletin*, 130, 228–260. <https://doi.org/10.1037/0033-2909.130.2.228>
- DePrince, A. P., Chu, A. T., & Pineda, A. S. (2011). Links between specific posttrauma appraisals and three forms of trauma-related distress. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3(4), 430–441. <https://doi.org/10.1037/a0021576>
- DePrince, A. P., Huntjens, R., & Dorahy, M. (2015). Alienation appraisals distinguish adults diagnosed with DID from PTSD. *Psychological Trauma: Theory, Research, Practice and Policy*, 7(6), 578–582. <https://doi.org/10.1037/tra0000069>
- DePrince, A. P., Zurbriggen, E. L., Chu, A. T., & Smart, L. (2010). Development of the Trauma Appraisal Questionnaire. *Journal of Aggression, Maltreatment & Trauma*, 19(3), 275–299. <https://doi.org/10.1080/10926771003705072>
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319–345. [https://doi.org/10.1016/S0005-7967\(99\)00123-0](https://doi.org/10.1016/S0005-7967(99)00123-0)

- Ellsworth, P. C., & Scherer, K. R. (2003). Appraisal processes in emotion. In *Handbook of affective sciences* (pp. 572–595). Oxford University Press.
- Féron, É. (2018). *Wartime Sexual Violence against Men: Masculinities and Power in Conflict Zones*. Rowman & Littlefield Publishers.
- Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment, 9*(4), 445–451. <https://doi.org/10.1037/1040-3590.9.4.445>
- Foa, E. B., Steketee, G., & Rothbaum, B. O. (1989). Behavioral/cognitive conceptualizations of post-traumatic stress disorder. *Behavior Therapy, 20*(2), 155–176. [https://doi.org/10.1016/S0005-7894\(89\)80067-X](https://doi.org/10.1016/S0005-7894(89)80067-X)
- Hauser, M., & Griese, K. (2015). Sexualisierte Gewalt gegen Frauen im Krieg: Hintergründe, Folgen und Unterstützungsansätze. In G. H. Seidler, H. J. Freyberger, & A. Maercker (Eds.), *Handbuch der Psychotraumatologie* (2<sup>nd</sup> ed., pp. 570–580).
- Ibrahim, H., Ertl, V., Catani, C., Ismail, A. A., & Neuner, F. (2018). The validity of Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) as screening instrument with Kurdish and Arab displaced populations living in the Kurdistan region of Iraq. *BMC Psychiatry, 18*(1), 259. <https://doi.org/10.1186/s12888-018-1839-z>
- Jaffe, A. E., DiLillo, D., Gratz, K. L., & Messman-Moore, T. L. (2019). Risk for revictimization following interpersonal and noninterpersonal trauma: Clarifying the role of posttraumatic stress symptoms and trauma-related cognitions. *Journal of Traumatic Stress, 32*(1), 42–55. <https://doi.org/10.1002/jts.22372>
- Johnson, K., Asher, J., Rosborough, S., Raja, A., Panjabi, R., Beadling, C., & Lawry, L. (2008). Association of Combatant Status and Sexual Violence With Health and Mental Health Outcomes in Postconflict Liberia. *JAMA, 300*(6), 676–690. <https://doi.org/10.1001/jama.300.6.676>
- Johnson, K., Scott, J., Rughita, B., Kisielewski, M., Asher, J., Ong, R., & Lawry, L. (2010). Association of Sexual Violence and Human Rights Violations With Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo. *JAMA, 304*(5), 553–562. <https://doi.org/10.1001/jama.2010.1086>
- Kavemann, B. (2016). *Erinnerbarkeit, Angst, Scham und Schuld als Grenzen der Forschung zu Gewalt* (p. 67). Springer Fachmedien Wiesbaden. [https://doi.org/10.1007/978-3-658-06294-1\\_4](https://doi.org/10.1007/978-3-658-06294-1_4)
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic Stress Disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 52*(12), 1048–1060. <https://doi.org/10.1001/archpsyc.1995.03950240066012>
- Khadr, S., Clarke, V., Wellings, K., Villalta, L., Goddard, A., Welch, J., Bewley, S., Kramer, T., & Viner, R. (2018). Mental and sexual health outcomes following sexual assault in adolescents: A prospective cohort study. *The Lancet Child & Adolescent Health, 2*(9), 654–665. [https://doi.org/10.1016/S2352-4642\(18\)30202-5](https://doi.org/10.1016/S2352-4642(18)30202-5)
- Kinyanda, E., Musisi, S., Biryabarema, C., Ezati, I., Oboke, H., Ojiambo-Ochieng, R., Were-Oguttu, J., Levin, J., Grosskurth, H., & Walugembe, J. (2010). War related sexual violence and its medical and psychological consequences as seen in Kitgum, Northern Uganda: A cross-sectional study. *BMC International Health and Human Rights, 10*(1), 28. <https://doi.org/10.1186/1472-698X-10-28>
- Kiss, L., Quinlan-Davidson, M., Pasquero, L., Tejero, P. O., Hogg, C., Theis, J., Park, A., Zimmerman, C., & Hossain, M. (2020). Male and LGBT survivors of sexual violence in conflict situations: A realist review of health interventions in low- and middle-income countries. *Conflict and Health, 14*(1), 11. <https://doi.org/10.1186/s13031-020-0254-5>
- Kleim, B., Grey, N., Wild, J., Nussbeck, F. W., Stott, R., Hackmann, A., Clark, D. M., & Ehlers, A. (2013). Cognitive change predicts symptom reduction with cognitive therapy for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 81*(3), 383–393. <https://doi.org/10.1037/a0031290>
- Knaevelsrud, C., Brand, J., Lange, A., Ruwaard, J., & Wagner, B. (2015). Web-Based Psychotherapy for Posttraumatic Stress Disorder in War-Traumatized Arab Patients: Randomized Controlled Trial. *Journal of Medical Internet Research, 17*(3), e71. <https://doi.org/10.2196/jmir.3582>
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2002). The PHQ-15: validity of a new measure for evaluating the severity of somatic symptoms. *Psychosomatic Medicine, 64*(2), 258–266. <https://doi.org/10.1097/00006842-200203000-00008>
- Kubany, E. S., & Watson, S. B. (2003). Guilt: Elaboration of a multidimensional model. *Psychological Record, 53*, 51–90.
- Kubany, E. S., Haynes, S. N., Abueg, F. R., Manke, F. P., Brennan, J. M., & Stahura, C. (1996). Development and validation of the Trauma-Related Guilt Inventory (TRGI). *Psychological Assessment, 8*(4), 428–444. <https://doi.org/10.1037/1040-3590.8.4.428>
- Kuwert, P., Glaesmer, H., Eichhorn, S., Grundke, E., Pietrzak, R. H., Freyberger, H. J., & Klauer, T. (2014). Long-Term Effects of Conflict-Related Sexual Violence Compared with Non-Sexual War Trauma in Female World War II Survivors: A Matched Pairs Study. *Archives of Sexual Behavior, 43*(6), 1059–1064. <https://doi.org/10.1007/s10508-014-0272-8>
- La Bash, H., & Papa, A. (2013). Shame and PTSD symptoms. *Psychological Trauma Theory Research Practice and Policy, 6*(2), 159–166. <https://doi.org/10.1037/a0032637>
- Loncar, M., Henigsberg, N., & Hrabac, P. (2010). Mental Health Consequences in Men Exposed to Sexual Abuse During the War in Croatia and Bosnia. *Journal of Interpersonal Violence, 25*(2), 191–203. <https://doi.org/10.1177/0886260509334288>
- McCann, I. L., Sakheim, D. K., & Abrahamson, D. J. (1988). Trauma and Victimization: A Model of Psychological Adaptation. *The Counseling Psychologist, 16*(4), 531–594. <https://doi.org/10.1177/0011000088164002>



- McIlveen, R., Curran, D., Mitchell, R., DePrince, A., O'Donnell, K., & Hanna, D. (2020). A Meta-Analytic Review of the Association Between Alienation Appraisals and Posttraumatic Stress Disorder Symptoms in Trauma-Exposed Adults. *Journal of Traumatic Stress, 33*(5), 720–730. <http://dx.doi.org/10.1002/jts.22530>
- Misra, A. (2015). *The Landscape of Silence: Sexual Violence Against Men in War*. C. Hurst & Co.
- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992). The Harvard Trauma Questionnaire. *The Journal of Nervous and Mental Disease, 180*(2), 111–116. <https://doi.org/10.1097/00005053-199202000-00008>
- Nesterko, Y., & Glaesmer, H. (2020). Sexualisierte Gewalt gegen Männer im Kontext von Krieg und Vertreibung: Eine Annäherung aus psychologischer Perspektive. *Trauma & Gewalt, 14*(3), 182–196. <https://doi.org/10.21706/tg-14-3-182>
- Nesterko, Y., Glaesmer, H., & Schönenberg, K. (2021). Sexual Violence and Mental Health in Male and Female Refugees Newly Arrived in Germany. *Deutsches Arzteblatt International, 118*, 130–131. <https://doi.org/10.3238/arztebl.m2021.0120>
- Oram, S. (2019). Sexual violence and mental health. *Epidemiology and Psychiatric Sciences, 28*(6), 592–593. <https://doi.org/10.1017/S2045796019000106>
- Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology, 60*, 748–756. <https://doi.org/10.1037/0022-006X.60.5.748>
- Scher, C. D., Suvak, M. K., & Resick, P. A. (2017). Trauma cognitions are related to symptoms up to 10 years after cognitive behavioral treatment for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(6), 750–757. <https://doi.org/10.1037/tra0000258>
- Schönenberg, K. H., Glaesmer, H., & Nesterko, Y. (2022). Dimensionale Erfassung des individuellen Erlebens kriegs- und vertreibungsbezogener sexualisierter Gewalt und ihrer Folgen bei männlichen Betroffenen: Eine narrative Literaturübersicht. *PPmP - Psychotherapie · Psychosomatik · Medizinische Psychologie*. <https://doi.org/10.1055/a-1806-3313>
- Selmo, P., Koch, T., Brand, J., Wagner, B., & Knaevelsrud, C. (2019). Psychometric properties of the online Arabic versions of BDI-II, HSCL-25, and PDS. *European Journal of Psychological Assessment, 35*(1), 46–54. <https://doi.org/10.1027/1015-5759/a000367>
- Sivakumar, S. (2007). Sexual Violence Against Men in Armed Conflict. *European Journal of International Law, 18*(2), 253–276. <https://doi.org/10.1093/ejil/chm013>
- Specht, F., Vöhringer, M., Knaevelsrud, C., Wagner, B., Stammel, N., & Böttche, M. (2022). Prolonged grief disorder in Arabic-speaking treatment-seeking populations: Relationship with socio-demographic aspects, loss- and trauma-related characteristics, and mental health support. *Frontiers in Psychiatry, 13*, 933848. <https://doi.org/10.3389/fpsy.2022.933848>
- Stemple, L. (2009). Male Rape and Human Rights. *Hastings Law Journal, 6*, 605–646.
- Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: Examining the roles of shame and guilt. *Violence and Victims, 16*(1), 65–78.
- Sweeney, A., Perôt, C., Callard, F., Adenden, V., Mantovani, N., & Goldsmith, L. (2019). Out of the silence: Towards grassroots and trauma-informed support for people who have experienced sexual violence and abuse. *Epidemiology and Psychiatric Sciences, 28*(6), 598–602. <https://doi.org/10.1017/S2045796019000131>
- Tran, H. N., Lipinski, A. J., Peter, S. C., Dodson, T. S., Majeed, R., Savage, U. C., & Beck, J. G. (2019). The Association Between Posttraumatic Negative Self-Conscious Cognitions and Emotions and Maladaptive Behaviors: Does Time Since Trauma Exposure Matter? *Journal of Traumatic Stress, 32*(2), 249–259. <http://dx.doi.org/10.1002/jts.22388>
- Vogt, D. S., Shipherd, J. C., & Resick, P. A. (2012). Posttraumatic Maladaptive Beliefs Scale: Evolution of the Personal Beliefs and Reactions Scale. *Assessment, 19*(3), 308–317. <https://doi.org/10.1177/10731911110376161>
- Vöhringer, M., Knaevelsrud, C., Wagner, B., Slotta, M., Schmidt, A., Stammel, N., & Böttche, M. (2020). Should I stay or must I go? Predictors of dropout in an internet-based psychotherapy programme for posttraumatic stress disorder in Arabic. *European Journal of Psychotraumatology, 11*(1), 1706297. <https://doi.org/10/ggkg7z>
- Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). The Life Events Checklist for DSM-5 (LEC-5). Instrument available from the National Center for PTSD at [www.ptsd.va.gov](http://www.ptsd.va.gov)
- Wortmann, J. H., Jordan, A. H., Weathers, F. W., Resick, P. A., Dondanville, K. A., Hall-Clark, B., Foa, E. B., Young-McCaughan, S., Yarvis, J. S., Hembree, E. A., Mintz, J., Peterson, A. L., & Litz, B. T. (2016). Psychometric analysis of the PTSD Checklist-5 (PCL-5) among treatment-seeking military service members. *Psychological Assessment, 28*(11), 1392–1403. <https://doi.org/10.1037/pas0000260>
- Zalewski, M., Drumond, P., Prugl, E., & Stern, M. (Eds.). (2018). *Sexual Violence Against Men in Global Politics*. Routledge. <https://doi.org/10.4324/9781315456492>

### About the authors:

Max Vöhringer studied psychology (M.Sc.) and geography (M.Sc. equivalent) at Freie Universität Berlin and Rheinische Friedrich-Wilhelms-Universität Bonn (both Germany) and has a research focus on posttraumatic psychological disorders such as posttraumatic stress disorder (PTSD) or Prolonged Grief Disorder and their treatment in Arabic-speaking populations. In addition to his scientific work he is currently completing a postgraduate qualification as a psychodynamic psychotherapist.

Freya Specht received her B.Sc. from Albert-Ludwigs-Universität Freiburg and her M.Sc. in Psychology at Freie Universität Berlin. Broadly, her interests include trauma, reconciliation, and transcultural psychotherapy. Specifically, her research is focused on a web-based treatment for posttraumatic stress disorder and depression for Arabic-speaking populations. Additionally, she is completing a postgraduate training as a psychodynamic psychotherapist.

## Symposium 1: CRSV against men and boys – History, Justice and Global Politics

### Legal Aspects of Conflict-Related Sexual Violence Against Men and Boys

Author: **Laura Sjöberg**

Royal Holloway University of London, UK

This contribution discussed the legal complexities of gender and the international law of conflict-related sexual violence, particularly as it relates to a latent (and sometimes explicit) view that conflict-related sexual violence is something that (people understood as) men do to (people understood as) women. While the sex-specific nature of a significant amount of conflict sexual violence is important, my work has argued that thinking about conflict sexual violence as gendered rather than sexed is both a better fit for the empirical data that we have and theoretically richer. Whether conflict sexual violence is committed by men or women (or neither/both) towards men or women (or neither/both), masculinities, feminization, heterosexisms, cissexisms, and other forms of sexed and gendered hierarchies exist in its practice, in its significations, and in legal responses. I am interested, then, in the complexities of understanding the many genderings of conflict sexual violence for conflict sexual violence jurisprudence: how can perpetrators be framed in more complex ways? How can laws prohibiting conflict sexual violence be sex-neutral but gender-conscious? How can victims be understood across complex gender matrices? My work has looked to (re)think conflict sexual violence jurisprudence along these lines, and my contribution to this conference thought specifically about the (legally) possible male victim in a jurisprudence of gendered conflict sexual violence.

*About the author:*

Laura Sjöberg is British Academy Global Professor of Politics and International Relations at Royal Holloway University of London and Director of the Gender Institute. She specializes in gender, international relations, and international security, with work on war theory and women's political violence. Her work has been published in more than four dozen journals of politics, international relations, gender studies, geography, and law. She is author or editor of fifteen books, including, most recently, with Jessica Peet, *Gender and Civilian Victimization* (Routledge, 2019) and with J. Samuel Barkin, *International Relations' Last Synthesis* (Oxford, 2019).

## International Criminal Law and Conflict-related Sexual Violence Directed Against Men and Boys: Recent Jurisprudence, Gaps, and Progress

Author: **Valerie Oosterveld**  
Western University, Canada

International criminal law jurisprudence on sexual violence directed against men and boys during conflict and mass atrocity is inconsistent: there is some recognition, but there is also misrecognition, and silences. This paper considers jurisprudence from the International Criminal Court (ICC) and the Extraordinary Chambers in the Courts of Cambodia (ECCC). For example, in the ICC's Ntaganda case, the accused was convicted of the rape of women, girls, men, and boys carried out by fighters under his command as they attacked villages. In other ICC cases, conflict-related sexual violence directed against males was not prosecuted. In the ECCC, in 2019 the Trial Chamber convicted two former Khmer Rouge leaders of the crime against humanity of forced marriage as an 'other inhumane act', including rape stemming from those forced marriages. It found that, even though both spouses felt compelled to have sexual intercourse with each other, only the women's experiences of forced sexual intercourse were sufficiently grave to constitute 'other inhumane acts'. In 2022, the ECCC's Supreme Court overturned this sole focus on the female spouses' experience, finding that both the male and female victims of forced sexual intercourse suffered harm and both were victims.

Under the principle of legality, it is important to clearly label each crime, but international courts and tribunals are still often unclear over how to label sexual violence directed against males. This raises serious concerns because it has an impact on how courts evaluate harm, determine sentencing, and award reparations. In the ICC, a more consistent application of the *Policy Paper on Sexual and Gender-Based Crimes* and the *Policy Paper on Children* – both of which recognize sexual violence directed against men and boys – and a fulsome application of the new *Policy Paper on Gender Persecution* would assist. As well, a deeper understanding of the role gender plays in victimization is needed within all international courts and tribunals. Since conflict and atrocity-related sexual violence directed against women and girls, and against men and boys, is often connected in overall crime patterns, it is important to jointly develop both types of jurisprudence to be as sophisticated and nuanced as possible.

### *About the author:*

Valerie Oosterveld is a full Professor at Western University's Faculty Law (Canada). Her research and writing focus on gender issues within international criminal justice. She has published widely on the concept of gender in international criminal law, the interpretation of sexual and gender-based crimes by international criminal tribunals, and gendersensitive investigation and prosecution. Her co-edited volume (with Indira Rosenthal and Susana SáCouto), *Gender and International Criminal Law*, was published by Oxford University Press in 2022. Valerie is the Acting Director of Western University's Centre for Transitional Justice and Post-Conflict Reconstruction and is a member of the Canadian Partnership for International Justice. In 2010, she served on the Canadian delegation to the Review Conference of the Rome Statute of the International Criminal Court (ICC). Before joining Western, Valerie served in the Legal Affairs Bureau of Canada's Department of Foreign Affairs and as part of Canadian delegations to ICC-related negotiations, including the 1998 UN Diplomatic Conference of Plenipotentiaries on the Establishment of an ICC.

## Sexual Violence in the Wrong(ed) Bodies

Authors: **Paula Drumond** (PUC Rio, Brasil) and  
**Maria Stern** (University of Gothenburg, Sweden)

Our presentation explores the need to challenge the prevailing focus on sexed bodies in the context of sexual violence and its implications for marginalized and victimized populations who are often perceived as atypical victims, and those who endure discrimination and persecution due to their perceived deviation from conventional gender norms. Drawing on the concept of ‘wronged(ed) bodies’ (Drumond et al., 2020), we aim to propose critical reflections on how sexual and other related forms of violence intersect with colonial, racial, and cisheteronormative imaginaries of domination, abjection, and disposability. Moving beyond the conventional men/women binary, our analysis calls for a broader exploration of violence, extending beyond conflict and peace dynamics. This includes examining violence in various contexts, such as war-peace continuums, centers, jails, prisons, border zones, displacement situations, urban and police violence, domestic violence, electoral violence, violence against indigenous communities, and sexual exploitation and abuse against men, boys, and LGBTQ+ individuals in humanitarian emergencies.

### *About the authors:*

Paula Drumond is a tenured Assistant Professor at the Institute of International Relations at the Pontifical Catholic University of Rio de Janeiro (IRI/PUC-Rio). She also works as Deputy Director of the Global South Unit for Mediation (GSUM) and serves as member of the Women’s International League for Peace & Freedom Academic Network. Paula holds a PhD in International Relations/Political Science from the Graduate Institute of International and Development Studies (IHEID, Geneva). Her article “What about men? Towards a critical interrogation of sexual violence against men in global politics”, based on her PhD Dissertation, won the International Affairs Early Career Prize in 2020.

Maria Stern holds a BA from Cornell University (USA) and a PhD from the University of Gothenburg (Sweden), where she is Professor in Peace and Development Studies. Maria’s work focuses on the question of violence in relation to security, warring, militarism, development, peace, identity and belonging, coloniality, gender, and sex; she employs a feminist lens that seeks to recognize intersecting relations of power, and that is attuned to the politics of methodology. She is co-author (with Maria Eriksson Baaz) of *Sexual Violence as a Weapon of War? Perceptions, Prescriptions, Problems in the Congo and Beyond* (2013), co-editor (with Marysia Zalewski Paula Drummond and Lisa Prugle) of *Sexual Violence Against Men and Boys in Global Politics* (2018), and co-author of several articles addressing sexual violence against men (with Chris Dolan, Harriet Gray and Maria Eriksson Baaz). Additionally, she has published in a variety of journals and publishing houses and served as editor/associate editor at *Security Dialogue* for many years.

## Symposium 2: Masculinities, Culture of Silence, Experiences of Stigma and CRSV

### Sexual violence against men and the potential for transforming masculinities

Author: **Robert U. Nagel**

Georgetown Institute for Women, Peace and Security, USA

Despite increased attention over the last decade, sexual violence against men in armed conflict continues to be an under-explored issue. Recent research has started to examine conflict-related sexual violence against men dispelling myths and misconceptions, highlighting that there is no universal experience for men, boys, or non-binary people. We add to this growing literature by exploring how support groups for survivors can facilitate post-traumatic growth and have the potential for transforming conceptualizations of masculinities. The experience of sexual violence is a traumatic event that shatters assumptions about the world and oneself. Survivors can either appropriate the event into existing masculinist discourses (a conservative move) or it can lead to new ones (a progressive move). We argue that peacebuilding initiatives in the form of support groups can guide survivors toward progressive moves that facilitate not only post-traumatic growth but also contribute to a reimagining of masculinities. We outline three potential manifestations that this transformation of masculinities could take.

#### *About the author:*

Dr Robert U. Nagel is a research fellow at Georgetown University's Institute for Women, Peace and Security (GIWPS). Prior to joining GIWPS, Robert earned his PhD in International Conflict Analysis at the University of Kent, UK. At GIWPS, his research focuses on gendered dimensions of peacekeeping, responses to conflict-related sexual violence, and the role of men and masculinities in peacebuilding. Robert's research is published in *International Studies Quarterly*, the *Journal of Peace Research*, and other peer reviewed journals. He has won the International Studies Association 2020 Dina Zinnes Award from the International Studies Association and the 2019 Cedric Smith Prize from the Conflict Research Society. He has also published numerous research reports, policy briefs, and in policy-oriented outlets such as *Foreign Policy*, the *Washington Post*, and *PassBlue*. He is a member of the editorial team of *International Peacekeeping* and a project leader for the Sexual Violence in Armed Conflict dataset.

## Wartime sexual violence against men and post-conflict reconciliation: An embodied approach

Author: **Élise Féron**

Tampere University, Finland

So far, few studies have focused on how post-conflict reconciliation processes are impacted by the occurrence of wartime sexual violence. This research gap is even more obvious when it comes to male survivors of conflict-related sexual violence, whose experiences are rarely centred in the study of post-conflict societies. What is more, most of the existing literature on post-conflict reconciliation focuses on narratives and on institutions such as transitional justice, and largely neglects the embodied experiences of individuals during violent conflict. In other words, research on post-conflict reconciliation rarely lingers on what damage bodies have experienced during wars.

In order to centre bodies in the study of post-conflict reconciliation, an interesting conceptualization of reconciliation is that of a process involving different concentric or nested circles. In this conceptualization, reconciliation starts with oneself, before gradually expanding to close relatives and friends, to the rest of the community, then possibly to the wider national group, and finally to members of the “other” group or “the enemy”. In “peace” times, individual bodies are expected to play a different role in each of these circles, but violence experienced by an individual body has impacts on the capacity of this body to perform as expected within all of these circles. Understanding these impacts, and their relevance for broader reconciliation processes, entails taking into account the positionality, but also the functions that these traumatized bodies perform or used to perform in each of these spheres. In other words, the capacity for post-conflict reconciliation at the personal, interpersonal, and societal levels, depends not only on what individual bodies have experienced, but also on how these specific bodies are positioned.

How can reconciliation happen when the body has been victim of a traumatic event such as sexual violence?

Empirical evidence collected in the Great Lakes Region of Africa (mostly Eastern DRC and Burundi) suggests that many male survivors of wartime sexual violence have the feeling that their bodies not only have betrayed them at the time of the aggression (for instance, many think they should have been able to defend themselves), but also are still betraying them: they interpret episodes of incontinence, impotence, recurrent bleeding, as well as diminished physical capacity as a sign that they can’t control their body anymore. Their bodies carry the war experience with them, and many feel weak, tired, and aged.

In turn, this can lead to further corporeal destruction, through alcohol and substance abuse, self-destructive behavior, or suicidal tendencies. In parallel, many male survivors seem to be fearful of noise, of crowds, and of people looking at them, thereby pushing them to socially isolate and symbolically renounce some of the most valued masculine privileges. In addition, if men who have been sexually tortured during a conflict find themselves impotent and/or incontinent after the conflict, they will face specific challenges in their post-conflict family life that will make it difficult for them to move on. The sometimes dramatic physical consequences of the assault can also prevent them from working, thus undermining their traditional role as breadwinners and heads of households.

Likewise, at the communal and/or national levels, men are usually expected to be strong and to defend the community. Male survivors of wartime sexual violence do not seem to fit this representation, and are therefore very often excluded from national discourses on reconciliation and reconstruction. Their bodies are stigmatized, ostracized, and seen as shameful. Many male survivors thus feel excluded from both local and national reconciliation processes, as their suffering is not recognized.

In parallel, survivors’ bodies can also act as sources of recovery within different circles: at the level of the individual, recovering physical strength is a source of self-confidence, although the process of recentering oneself in one’s body is lengthy for many. Within the family circle, an increased corporeal capacity to perform as a “good husband and father” can also reinstate dignity and pride. It is also worth mentioning the important role played by survivors’ groups, where they exist, as “therapeutic” activism helps male survivors finding their place in the local group.

Much remains to be done to explore the role bodies plays in reconciliation processes for male survivors of wartime sexual violence, notably related to the specific positionality of the man in question, for instance his age, sexual orientation, occupation, class, religion, and so on. It is nevertheless clear that there is an urgent need to develop embodied approaches to reconciliation policies, going beyond narratives/discourses and “post-conflict” institutions. Centering embodied experiences of war when thinking about reconciliation also entails taking into account different spaces/circles of reconciliation (a different type of approach is needed at each level), and the different temporalities along which reconciliation can happen for survivors of sexual violence, since the embodied consequences of the trauma can extend over long periods of time, and even generations.

*About the author:*

Élise Féron is a Docent and a senior research fellow at the Tampere Peace Research Institute (Tampere University, Finland). She is also an invited professor at the University of Louvain (Belgium), the University of Turin (Italy), Sciences Po Lille (France) and the University of Coimbra (Portugal). Her main research interests include gender and conflicts, conflict-generated diaspora politics, as well as the multiple entanglements between conflict, violence and peace. Her latest books include: *Handbook of Feminist Peace Research*. Routledge, 2021 (edited with Tarja Väyrynen, Swati Parashar, and Catia Confortini); *Wartime Sexual Violence Against Men. Power and Masculinities in Conflict Zones*, Lanham, Rowman and Littlefield, 2018.



## Exposing the secret Listening to Bedouin men who have experienced sexual violence

Author: **Iris Manor-Binyamini**

Technion, Israel

There are few indigenous men's voices regarding sexual violence against them, particularly concerning Bedouin men's views. Therefore, the purpose of this study was to examine: How do Bedouin men who have experienced SV describe, perceive, and interpret their experiences in their cultural context?

Seventeen Bedouin men, residents of unrecognized Bedouin settlements in the Negev, Israel participated in this research. Phenomenological semi-structured interviews were recorded, transcribed verbatim, and then translated into English. Themes were generated using thematic analysis. Three main themes were found: descriptions of the incidents, reactions to the experiences, and the need for keeping incidents of SV secret due to the stigma involved as a result of patriarchal, political (i.e., tribal hierarchy), and private (i.e., family loyalty) norms, and the matrix of multiple and often conflicting roles and identities that Bedouin men must assume despite their experiences. The incidence of SV against men in the Bedouin community is alarming and must be acknowledged by the research community and public health practitioners as a serious health issue that requires more holistic research to better understand the men's experiences. More efforts are needed on the local, regional, and global levels to provide post-violence care for survivors and to prevent SV. In particular, there is a need to reduce the stigma associated with SV so that young men will be willing to speak up about their trauma without shame and receive help.

### *About the author:*

Iris Manor-Binyamini, PhD, I am an Associate Professor (Visiting Professor), Faculty of Medicine, Technion, Israel. In addition, starting in October 2022, I will serve as Associate Professor, in the social work department in the field of medical social work, at Tel Hai Academic College, Israel. My research focuses on ethnography and sits at the intersection of culture and illness/disability, where theory, research, and practice meet, studying both Western and non-Western cultural contexts, and using mixed method research. One of my research projects include: gender-based violence and health in the Indigenous Bedouin community in Israel. My overall aim is to improve health and well-being through action-oriented research, on the cause and consequences of gender-based violence and effective strategies for change. Specifically, the current research project focuses on collecting evidence to inform the development of interventions to address and respond to different forms of gender-based violence in the Bedouin community.

## Calibrating Visibility – Homophobic GBV and Adapting Gender Performances for Survival in Syria and Lebanon

Author: **Henri Myrntinen**

University of Bremen, Germany

Persons of diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC) face continuums of violence and discrimination in times of conflict and peace. The risks of being subjected to violence depend in part on being 'seen' by others being non-heterosexual or non-cis-gender – regardless of how one thinks and feels about one's own SOGIESC. The Syrian Civil War has greatly increased the risks of various forms of violence against persons of diverse SOGIESC in the country and led to many fleeing to the comparative safety of Lebanon and Turkey. In all they are subjected to violence and discrimination by state and non-state actors such as their families, security forces and civilians to differing degrees. Here I examine the role of visibility and its paradoxes, with a focus on men of diverse SOGIESC and trans women, as in the field research with Syrians of diverse SOGIESC, the risks of a man being seen as 'soft' and non-conforming came up repeatedly as a key risk factor. I explore here some of the survival tactics employed, as well as the role of intersectional factors, in particular class. I am acutely aware of another aspect of visibility and invisibility in this context, namely that research on the Syrian Civil War has often neglected the experiences of trans men and women of diverse SOGIESC, a gap that my colleagues and I address elsewhere.

### *About the author:*

Dr. Henri Myrntinen is a visiting research fellow with the University of Bremen and has worked extensively with various NGOs and research institutions on issues of gender-based violence in conflict and post-conflict situations. He is currently conducting research on male survivors of conflict-related sexual violence in Kosovo together with Dr. Touquet (KU Leuven) and on the impacts of the Syrian Civil War on LGBTIQ+ persons with the Lebanese NGO MOSAIC.

## Symposium 3: Trauma and Resilience in men and boys who experienced CRSV

### Beyond Vulnerability: Male Survivors as Active Political Agents

Author: **Philipp Schulz**

University of Bremen, Germany

In dominant global conceptions of conflict-related sexual violence, the experiences of male survivors, if attended to at all, have thus far almost exclusively been analysed in terms of vulnerabilities. As a result of these discourses, male survivors are typically portrayed as passive, humiliated, and indefinitely stripped of their manhood, resulting in disempowering narratives of silenced, isolated and wholly marginalized victims without a voice and without any agency. This is very much reflective of scholarship on CRSV at large, whereby victims of all genders are typically portrayed as passive, helpless victims devoid of any agency – which in turn mirrors a broader tendency of dichotomizing agency versus victimhood in heavily gendered ways.

It should come as no surprise, however, that such essentializing representations do not match actual lived realities and experiences of survivors, who despite their gendered harms also actively engage with and respond to their vulnerabilities. In Northern Uganda, for instance, male survivors regularly exercise different forms of agency, thereby actively refuting the stereotypical portrayal of ever-vulnerable and passive victims. For instance, survivors actively organize and support themselves and carry out political advocacy work in the context of survivors' support groups; and they actively navigate complex processes of silence and disclosure, by purposefully determining if, when, where and how to disclose their experiences and when to maintain a protective silence.

In this context, survivors' agency is shaped and conditioned by different opportunity structures, and thus largely dependent on local gender relations and constructions of masculinity. By engaging with survivors' agency, however, it is fundamentally important to not reinforce or impose a dichotomy of focusing on either victimhood or agency, and rather to recognize that these states are not mutually exclusive, but can intersect and at times even condition or co-constitute one another.

Systemically analyzing the forms and conditions of the agency of male survivors of sexual violence, thereby offers a more holistic examination of the dynamics of wartime sexual violence, contributing conceptually and empirically to research both on local/civilian agency in wartime and on conflict-related sexual violence.

#### *About the author:*

Philipp Schulz is a Postdoctoral Researcher at the Institute for Intercultural and International Studies (InIIS) at the University of Bremen. His work engages with the gender dynamics of political violence and armed conflicts, with particular attention to masculinities and sexual violence against men. His book 'Male Survivors of Wartime Sexual Violence' was published in 2020 with University of California Press. He is the Principal Investigator of a three-year research project, funded by the German Research Foundation, that focuses on male survivors of sexual violence and political agency, drawing on research in Uganda and Sri Lanka.

## Experiences of Sexual Violence among Cisgender Gay Men in Pre- and Post-Migration Contexts: Using Qualitative and Mixed Methods Research to Generate Practice Recommendations for Treating Trauma and Promoting Resilience

Authors: **Edward Alessi** (Rutgers, The State University of New Jersey, USA) and **Sarilee Kahn** (McGill University, Canada)

### Background

Emerging research regarding violence among men and boys is just beginning to include the victimization experiences of sexual minority migrants. As the number of gay migrant men fleeing conflict-related areas increases, it is critical to understand their experiences of sexual violence and how to best provide mental health and psychosocial support services to bolster their resilience.

### Method

We used the PTSD Checklist for DSM-5 with Criterion A (Weathers et. al, 2015) and narrative interviews to obtain in-depth understanding of the experiences of sexual violence for 3 gay men who fled from conflict-affected countries in the Middle East to Austria or the Netherlands. The migration framework described by Zimmerman et al. (2011) was used as a sensitizing concept to trace these experiences over time. Data were from a larger study (Alessi et al, 2018; Alessi et al., 2020) of 38 sexual and gender minority individuals who fled the Middle East, North Africa, and Asia to seek refuge in Europe.

### Findings

Findings indicate that participants experienced sexual violence prior to migration and throughout the migration journey. Two participants met criteria for PTSD, and for one it was related to sexual violence during childhood. Additionally, participants reported managing the psychological effects of war and political strife, sexual violence, being targeted with violence because of their sexual orientation, as well as stigma and discrimination from family, community members, immigration officials, and the host community. Despite these experiences, participants' manifested extraordinary resilience, taking serious risks to ensure their safety, connecting with other gay migrants, and leveraging support from community organizations.

### Recommendations

PTSD and shame for gay migrant men who flee conflict-related countries may be magnified by experiences of sexual violence and intersectional trauma. Mental health and psychosocial support providers would benefit from training in affirmative, culturally-sensitive care for gay migrant men, including those who may have survived sexual trauma along the migration journey. Trainings must convey (a) that the traumatic experiences of gay migrant men from conflict-affected countries must be viewed in totality rather than in isolation and (b) that their resilience can be bolstered by connecting them with affirmative community organizations and pointing out their ability to retain a sense of hope for a better future, even in the most difficult of circumstances.

### References

- Alessi, E. J., Kahn, S., Greenfield, B., Woolner, L., & Manning, D. (2020). A qualitative exploration of the integration experiences of LGBTQ refugees who fled from the Middle East, North Africa, and Central and South Asia to Austria and the Netherlands. *Sexuality Research and Social Policy, 17*, 13-26.
- Alessi, E. J., Kahn, S., Woolner, L., & Van Der Horn, R. (2018). Traumatic stress among sexual and gender minority refugees from the Middle East, North Africa, and Asia who fled to the European Union. *Journal of Traumatic Stress, 31*, 805-815.
- Zimmerman, C., Kiss, L., & Hossain, M. (2011). Migration and health: A framework for 21st century policy-making. *PLOS Medicine, 8*, 1001034. <https://doi.org/10.1371/journal.pmed.1001034>

*About the authors:*

Edward J. Alessi, PhD, LCSW, is associate professor of social work at Rutgers University-New Brunswick. His research examines trauma and stress among LGBTQ+ populations, and in recent years has focused on understanding health, mental health, and integration among LGBTQ+ immigrants and refugees. He uses multiple research methods and specifically relies on qualitative research to develop innovative ways to engage queer and transgender populations in order to highlight their experiences and identify how intersectional forms of stigma and discrimination impact their daily lives. He is also developing and testing an arts- and theatre-based group intervention for reducing HIV risk among migrants identifying as gay/bisexual men or transgender women in South Africa.

Dr. Kahn's (PhD, MSW, MPH) research focuses on the experiences and needs of sexual and gender minority (SGM) forced migrants around the world. While on faculty at McGill University in Montreal, she advised Canadian health authorities on the psychosocial needs of SGM migrants, and consulted with Canada's Immigration and Refugee Board on how to interview SGM asylum seekers from a trauma-informed perspective. She has over 25 years of clinical experience, including supporting individuals and communities in the aftermath of war, genocide, and terrorist attacks. Her work has taken her to Bosnia-Herzegovina, Kosovo, Afghanistan, Iraq, Rwanda, and Sierra Leone and Liberia. Stateside, she started New Jersey's first treatment program for torture survivors, and served as expert witness on behalf of asylum seekers. She is a licensed clinical social worker, and holds Masters degrees in Social Work and Public Health from Columbia University, and a PhD in Social Work from New York University.

## Identifying and responding to health care barriers faced by men and boy victims/survivors of sexual violence in conflict in Colombia

Author: **Patricia Ollé Tejero**

All Survivors Project (ASB)

In Colombia, it is well-established that women and girls have been and continue to be extremely vulnerable to conflict-related sexual violence (CRSV) and that they face substantial barriers that hinder the realization of their right to health. In this context and globally, men and boys are also targeted for sexual violence in conflict. Among the victims officially registered for CRSV in the country, 2,943 (or 7.7% of the total number) are men and boys. These figures constitute only the tip of the iceberg. Little is known about patterns of male-directed sexual violence, the barriers male victims/survivors, including those with diverse sexual orientation, gender identity and/or gender expression (SOGIE), face in accessing medical, mental health and psychosocial support (MHPSS), or the quality of healthcare provision available to them.

In 2022, as part of a multi-country project, ASP undertook qualitative research in Colombia, involving interviews with male victims/survivors and with a range of key informants to explore the availability of and access to timely, quality health responses for male victims/survivors of CRSV, their experiences of healthcare services, and the extent to which services are survivor-centred.<sup>1</sup> Twenty-three male victims from different conflict-affected regions were interviewed by ASP in two separate two-day workshops held in March. The workshops were designed with the support of female and male victims survivor groups with the aim of creating a safe, secure environment to enable victims/survivors to participate in individual interviews as well as to take part in peer support activities and receive other assistance, including referrals to health services and other support if required. During the workshops, victims/survivors were provided with information about their rights to healthcare and information and support on how to access health care and justice.

Preliminary findings highlighted the appalling physical, psychological, psychosocial and socio-economic harms resulting from CRSV and how these are exacerbated by the lack of availability and/or inaccessibility of timely, quality care and support for individual victims/survivors, as well as their families and broader communities.

The research revealed multiple reasons why victims/survivors are unwilling or unable to access appropriate healthcare, many of which relate to the general weaknesses in the provision of healthcare and are therefore not specific to men and boys. However, some of the barriers identified were more gender-specific and often underpinned by factors including a lack of awareness that men and boys (as well as women and girls) can suffer CRSV; lack of understanding of the gender differentiated harms that can result from sexual violence; and deep-rooted cultural constructs of masculinity which not only affect attitudes of healthcare workers towards male victims/survivors, but also profoundly influence the way in which harms are internalised by affected individuals and the responses of their families and communities.

The multi-layered barriers identified in the research and analysed according to the social ecological model of public health point to the need for far reaching, coordinated efforts by all those responsible for or involved in the provision of healthcare to strengthen responses for all victims/survivors of CRSV to ensure that their rights, needs and wishes are addressed. In so doing, it is essential to recognise that men and boys, including those with diverse SOGIE, can be victims/survivors of sexual violence and for medical and MHPSS services are gender-competent and are both accessible to and have the resources, skills and capacity to provide the long-term, specialised care that they require and have a right to.

<sup>1</sup> Forthcoming report by ASP. Colombia will be the second in a series of reports published as part of ASP's multi-country project on survivor-centred healthcare for male victims/survivors of CRSV. See ASP's report on Afghanistan, *Enhancing Survivor-Centered Healthcare Response for Male Victims/Survivors of Sexual Violence in Afghanistan*, 19 March 2021, <https://allurvivorsproject.org/enhancing-survivor-centred-healthcare-response-for-male-victims-survivors-of-sexual-violence-in-afghanistan/>

*About the author:*

Patricia Ollé Tejero joined All Survivors Project (ASP) in December 2016 and is currently Senior UN Programmes and Prevention Advisor. ASP is an international non-governmental organisation which supports global efforts to eradicate CRSV and strengthen national and international responses through research and action on CRSV against men and boys. Since 2020 Patricia has co-led ASP's work in Colombia where she engages with victim/survivor networks, national entities and transitional justice mechanisms. In this context, she has conducted research on patterns of CRSV against men and boys and on barriers to accessing responses. Patricia has also conducted extensive desk-based research on sexual violence against LGBTI+ people in other situations of conflict and is a member of the South-South Institute on Sexual Violence community. Since 2015 she has also been involved in projects supporting access to health and education for indigenous communities in the rural highlands of Guatemala. Patricia earned her Master's degree in International Development and Humanitarian Emergencies at the London School of Economics and Political Science.

## Keynote:

### Diagnosing Ethical Loneliness: challenges involved in listening to difficult stories

Author: **Jill Stauffer**

Haverford College

In this paper, I offer an account of “ethical loneliness”: a term I’ve developed to describe a condition undergone by persons who have been unjustly treated and dehumanized by human beings and political structures, who emerge from that injustice only to find that the surrounding world will not listen to or cannot properly hear their testimony – their claims about what they suffered and about what is now owed them – on their own terms. Ethical loneliness is the experience of having been abandoned by humanity compounded by the injustice of not being heard. My sense is that the concept advances understanding of what is lost by victims recovering from violence or oppression. It also helps reveal the limits to both the restorative discourse of truth and forgiveness and the retributive procedural-legality approach, such that we might better understand when and how the different approaches succeed or fail, and whether there are sites where the two might meet. Finally, it draws our attention to the distinction between “wrongs inflicted” and “harms experienced,” and shows how better marking this distinction might help international and domestic criminal justice systems improve their treatment of victims and thus their ability to do justice. Much of the work to be done here resides on the side of those who do the listening and yet fail to hear. The multiple sites of neglect found in the larger world’s belief in or response to men and boys as survivors of sexual harm is surely a sign of a second harm imposed on top of the original harm of sexual violence. That is ethical loneliness.

#### *About the author:*

Jill Stauffer earned her BA, MA, and PhD at the University of California, Berkeley, and has taught at Amherst College, John Jay College/CUNY, and Haverford College. She is associate professor and director of the concentration in Peace, Justice and Human Rights at Haverford College. She writes and publishes in the fields of ethics, law, justice, and continental philosophy. Her book *Ethical Loneliness: The Injustice of Not Being Heard*, was published by Columbia University Press in 2015. She is on the editorial board of *Voice of Witness*, a non-profit oral history book series illuminating human rights crises by amplifying the voices of those who suffer through them. Her edited volume (with Bettina Bergo), *Nietzsche and Levinas: After the Death of a Certain God*, was published by Columbia University Press in 2009. She is currently working on a book on the relationship between time and law called *Temporal Privilege*.



## Symposium 4:

### CRSV against men and boys in the context of the current situation in Ukraine

#### Survivors-centered, rights-based approach with holistic support services for survivors of CRSV in Ukraine

Authors: **Olga Chuyeva** (CRSV Response Specialist UNFPA Ukraine)

#### Background

The invasion of Ukraine by the Russian Federation started in 2014 and escalated to the entire country in 2022. It continues to cause unprecedented levels of displacement, destruction, and human suffering. Its impacts are immediate in terms of humanitarian needs and massive in terms of recovery, rehabilitation of infrastructure, and stability prospects. Civilians, as in most armed conflicts, bear the brunt of the violence, posing grave risks to safety, access to basic services, and psychosocial well-being. Among other things, the armed conflict has exacerbated gender-based violence (GBV) and CRSV, in particular against women and girls, due to pre-existing discrimination and power imbalances, as well as made sexual minorities more vulnerable.

Amidst Russia's invasion of Ukraine, conflict-related sexual violence (CRSV) has been perpetrated against both men and women deprived of liberty on conflict-related charges and in some cases against their relatives – to punish, humiliate, extract confessions, and/or compel them to relinquish property or perform other actions demanded as an explicit condition for their safety and release. Other factors increasing the risk of CRSV are restrictions on freedom of movement across the contact line through checkpoints and the presence of military and armed group forces in populated areas. Victims living in Ukraine's temporarily occupied territory have no access to justice and are afraid to report cases to the so-called "police" or speak to the international and other organisations due to fear of retaliation.

#### Documented cases of CRSV after the large-scale invasion unleashed on 24 February 2022

Despite there being no clear official data available, there could be hundreds of CRSV cases committed in Ukraine, especially in the territories temporarily beyond the Government of Ukraine's (GOU) control. Dire human rights situation affecting both civilians and combatants, numerous allegations of CRSV against women and men were documented in all liberated territories of Ukraine (over 150), as per the GOU and UN agencies such as OHCHR. Generally, it still remains difficult to verify cases and assess the breadth of sexual violence, however the Independent International Commission of Inquiry on Ukraine<sup>1</sup> had found that some RF soldiers committed sexual and GBV crimes, even with documented cases in which children have been raped, tortured, unlawfully confined, killed and injured in indiscriminate attacks with explosive weapons. The age of victims of sexual and GBV violence ranges from four to 82 years, according to the Commission. Many of these cases were associated with other human rights violations, such as wilful killings, incommunicado and arbitrary detention, torture and looting.

#### Overall situation in war-torn Ukraine on CRSV targeting men and boys

As identifiable patterns of CRSV against men and boys emerge, they appear to be the product of similar dynamics that exist in other conflict settings. CRSV against men is typically part of torture and ill-treatment by the RF armed forces inflicted in detention (incl. towards POWs and persons hors de combat) – at least 15 (as of October 2022) cases are known where sexual violence was used as a method of torture or ill-treatment against men. Beatings in the genital area, electrocution to genitals, forced nudity, unjustified cavity and body searches, and threats of rape against detainees and their loved ones were used as a method of torture and ill-treatment to intimidate, punish

<sup>1</sup> The Independent International Commission of Inquiry on Ukraine was established by the UN Human Rights Council on 4 March 2022 according to resolution 49/1 to investigate all alleged violations and abuses of human rights, violations of international humanitarian law and related crimes in the context of the aggression against Ukraine by the Russian Federation.

or extract confession from men. It should be underlined that CRSV remains significantly underreported, notably due to stigma and trauma, limited/reduced access to services due to the security situation, and when service providers are inadequately equipped to recognise survivor experiences as SV, or are unaware of the extent to which CRSV impacts men and boys.

Many survivors only disclose their experiences after long periods of time and once they have received psychosocial support and feel supported and safe. Regarding male survivors, most services developed for women and girls will not be appropriate for them. Evidence shows that male survivors often do not want to receive support from GBV specific services and seek support from other actors such as health services, general MHPSS or in the case of boy survivors, child protection actors. Also, providing support for male survivors through GBV services will most likely make them less safe and accessible for women and girls. Last but not least, it is believed that male survivors of sexual violence require diversified entry points to services and staff with specialized skills. Therefore, it is important to locate referrals for male survivors in referral pathways and in standard operating procedures and that such information is shared with all the relevant actors.

### **Gaps, challenges in and response to CRSV in Ukraine**

While CRSV and other gross human rights violations have been an issue since Russia's armed aggression started in 2014, minimal attention was afforded to these violations by the GOU. Among the most obvious drawbacks, Ukraine is yet to bring its laws and legal practice on CRSV definition, service provision and prosecution fully in line with international standards and practice, as well as referral pathways to link survivors to necessary services are not fully in place yet. Moreover, insufficient knowledge, capacity, and expertise of service providers to facilitate disclosures, provide basic and specialized services remains in place; of local civil society organizations to advocate and assist with reparations/other remedies and of local and central authorities to design principled, survivor-centred mechanisms to deliver these remedies and reparations; of prosecutors, law enforcement to collect and process evidence of CRSV crimes and conduct trauma- and gender-sensitive interviews of female and male survivors in line with international standards; of the military on IHL, the implication of CRSV and its prevention.

Furthermore, the spotlight on CRSV as a "rallying cry" for international support has resulted in a proliferation of well-intentioned, but inexperienced "advocates" who may unintentionally re-traumatize survivors, damage evidence by re-interviewing survivors without following internationally accepted protocols, and discourage survivors from disclosing in fear of having their right to confidentiality violated. Over-coordination may inadvertently slow processes and provide non-contextualized advocacy or referral messages. Also, the non-neutral war nature also politicising the help that survivors can receive, thus causing potential prejudice against and stigmatization of survivors whose stories do not align with the narrative, such as male-, veteran survivors, survivors whose perpetrators were not part of the RF military, survivors with diverse sexual orientation, gender identity, expression, and sex characteristics.

Nevertheless, the inertia surrounding CRSV issues drastically changes after full-scale invasion, to the point where CRSV is now at the forefront of numerous key national-level discussions. In a glimpse, there have been core policy frameworks brought into existence in terms of addressing CRSV, including the signed UN-GOU Framework on Cooperation (FoC) for Prevention of & Response to CRSV (May 2022)<sup>2</sup>; established Intergovernmental Working Group on Preventing & Combating CRSV and providing assistance to CRSV survivors; updated National Action Plan to implement the UN Security Council Resolution 1325 'Women, Peace, Security', the National Strategy on Human Rights and its Action Plan till 2023, adjusted to address the full spectrum of issues related to CRSV, etc. UNFPA closely works with GOU, the Office of the UN Special Representative of the Secretary-General on Sexual Violence in Conflict and other UN agencies in Ukraine that would allow for simultaneous and mutually reinforcing efforts to address CRSV and empower survivors. Most models of services for GBV survivors introduced by UNFPA

<sup>2</sup> The 2022–2023 Action Plan for the UN-GOU FoC has been adopted in September 2022. It is the fruit of mutually beneficial cooperation between the national state agencies, the Office of the UN Special Representative of the Secretary-General on Sexual Violence in Conflict, UN agencies in Ukraine, international organisations and domestic civil society groups.

in Ukraine were recognised by the GOU as models for national replication, and are embedded into the national policy and legal framework.

It's therefore important that Ukraine acknowledges and follows the international approach towards provision of services to survivors of CRSV. This includes no separate guiding principles and standards as well as no parallel or segregated services for survivors of CRSV. Survivors of CRSV shall seek and receive support and guidance from GBV services and trained service providers that are open to all GBV survivors. Mental health, psychosocial and other support should be integrated into wider systems (e.g. general health services, existing community support mechanisms, other GBV services). Unless a survivor chooses to disclose, service providers do not know whether they are survivors of CRSV or not.

Survivor-centred support that is existent in Ukraine varies from the social, psychological, sexual and reproductive health, legal, humanitarian, and economic to the safe spaces, rehabilitation, and reparations with case management serving to prevent re-traumatisation and foster reintegration. A network of Survivor Relief Centers, mobile psychological support teams and mobile medical teams, national hotlines, the Aurora online platform are just some among many examples where both men and women have an opportunity to receive comprehensive, quality and inclusive assistance, based on the Do No Harm and survivor-centred approach, not to mention that a first-ever national hotline for men is now operational in Ukraine.

Sexual violence survivors as well as their families experience short and long-term effects of such a violence, which is why the need is here for more services providing quality multi-sectoral holistic and individually tailored assistance to help people rebuild their confidence and trust, live their lives in dignity and discrimination-free. In this context, it is of utmost importance, among other, to strengthen the country's legal framework for CRSV prevention & response via developing/amending relevant laws/by-laws with acknowledgment of CRSV, and to acknowledge male victimization risks, increase awareness, reduce marginalization and stigma by dissociating it from reporting, break the culture of silence via advocacy and sensitization across different sectors considering diverse ways in which CRSV targets individuals and impacts men and women. To this end, the establishment of a Working Group on Needs of Male Survivors of Sexual Violence under the GBV Sub-Cluster Ukraine (in particular, to contextualise the newest Guidance Note on Male Survivors to the Ukraine response) is on the way, just like a Survey on Access Barriers to GBV Services Faced by Male Survivors is in the works to effectively connect all the stakeholders to survivor's practical needs.

*About the author:*

The UNFPA, United Nations Population Fund, is the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA works to further gender equality and women's empowerment and to address the causes and consequences of GBV, especially its effects on sexual and reproductive health. Preventing and responding to CRSV is a part of UNFPA's mandate to end GBV by 2030. In line with it, Ms. Olga Chuyeva, being a member of UNFPA's GBV strand in Ukraine, jointly with partners facilitates multi-sectoral, life-saving services to at-risk women and girls and other GBV survivors, including female and male survivors of CRSV. Ms. Chuyeva is responsible for bringing to the table UNFPA expertise for development of a robust national service provision system for CRSV survivors that is holistic, multisectoral, survivor-centred, accessible, gender sensitive, integrated, inclusive, rights-based, and of high quality. She serves as the Co-chair of the Sub-group on holistic services of the Interdepartmental Working Group on CRSV Response & Prevention created to enforce the Framework of Cooperation for Prevention of & Response to CRSV between the GoU and the UN.

*The materials, conclusions and recommendations articulated in this publication, which are based on open source data and UNFPA's plans/reports concerning response to GBV/CRSV, reflect the views of the author and do not necessarily reflect neither the official position of UNFPA, nor of other mentioned entities unless circulated officially.*

## Symposium 5: Experiences from the field – context specifics

### Gender-Based Violence Against Men and Boys in Darfur

Author: **Hollie Nyseth Nzitatira**

Ohio State University, USA

In 1994, hundreds of thousands of Rwandans joined killing groups that targeted their neighbors during a country-wide genocide. Such mass civilian participation in violence resulted in widespread death, along with sexualized violence, displacement, and property loss. In the aftermath, a state-implemented court system sentenced roughly 250,000 civilians to prisons and community service camps. Now, these individuals are completing their sentences and returning to their communities.

While numerous studies have analyzed the reentry and reintegration of people who were previously incarcerated—as well as people who served in armies, militias, and other armed groups—social scientists have largely overlooked the reentry and reintegration of people who were convicted of genocide. Similarly, although genocide scholars have rigorously analyzed why people commit genocide, little work addresses how these individuals understand and experience the consequences of their actions. Yet, genocides killed more people than all international wars or homicides that occurred during the 20<sup>th</sup> century, and there have been approximately 40 genocides since the Holocaust. An analysis of reentry and reintegration after genocide consequently has the capacity to contribute to several literatures, as well as inform efforts to mend societal relations following violence and incarceration.

Accordingly, this study involved following approximately 200 Rwandans who completed their genocide-related sentences, including a small comparison group of people finishing sentences for non-genocide related crimes. The PI interviewed these individuals before their release, as well as approximately 4 months and 1 year afterward. The project also involved interviews with 75 community members to better understand their views of people who committed genocide, as well as interviews with the spouses of people who were incarcerated for genocide. Taken together, these data constitute the largest database of in-depth interviews with people who have committed genocide, and the PI is examining rituals that aid reentry and reintegration, gendered reentry paths, as well as factors tied to better individual and community well-being.

#### *About the author:*

Hollie Nyseth Nzitatira (Brehm) is an Associate Professor of Sociology at Ohio State (Ph.D. in Sociology from the University of Minnesota, 2014). She has published over 40 peer-reviewed articles on genocide and human rights, is the co-editor of the Oxford Handbook on Atrocity Crimes and is the recipient of highest early career award from the International Association of Genocide Scholars and the American Society of Criminology. Currently, Dr. Nyseth Nzitatira is undertaking two studies, each funded by the U.S. National Science Foundation, on the 1994 genocide in Rwanda and the transitional justice response. She is a research associate with Rwanda's Institute for Research and Dialogue for Peace, and she conducts atrocity forecasting for the U.S. government. Dr. Nyseth Nzitatira is the founder and global editor in chief of the International Association of Genocide Scholars Policy Brief Initiative and consults for several museums and nonprofits dedicated to genocide prevention and awareness.

## CRSV against men and boys

Author: **Katherine Gambir**

Women's Refugee Commission, USA

### Background

In humanitarian settings, services sensitive to the unique needs of all sexual violence survivors are limited. Without appropriate response, survivors may suffer harmful effects, including physical and psychological trauma. Despite this understanding, humanitarian practitioners often lack the knowledge and capacity needed to support all people at-risk of and surviving sexual violence. WRC and its partners aim to build the capacity of humanitarian practitioners to design, implement, and evaluate prevention strategies and response services on sexual violence and exploitation for adolescent boys and male youth in all their diversity.

### Methods

In November 2021, two literature reviews of peer-reviewed and grey literature were conducted to 1) understand what works and what doesn't work to prevent and respond to sexual exploitation against diverse crisis-affected adolescent boys (10–19 years) and male youth (10–24 years); 2) to understand effective approaches to improve MHPSS outcomes among diverse displaced adolescent boys and male youth who are survivors of sexual violence or those at risk of sexual violence. Key informant interviews (KIIs) were conducted to understand the services that are available for diverse adolescent boys and male youth – and specifically those who experienced sexual exploitation in crises.

### Results

Seventy-five publications were included for analysis. Thirty-eight key informants representing a diverse range of humanitarian sectors, organizations, and locations were interviewed. The literature reviews revealed that a dearth of evidence exists on effective prevention and response approaches to address the needs of adolescent boys and male youth in crisis. KII data illustrated gaps in humanitarian practitioners' capacity to address the specific needs, capacities, and risks of crisis-affected adolescent boys and male youth as it relates to sexual exploitation and violence.

### Conclusion

An urgent need exists to build the capacity of humanitarian practitioners to design, implement, and evaluate survivor-centered approaches to address sexual violence, including sexual exploitation, for diverse crisis affected adolescent boy and male youth survivors. Additional research is needed to build an evidence base on what works and what doesn't work to prevent and respond to the risks, needs, and capacities of adolescent boys and male youth who are at risk or survivors of sexual violence in crises.

#### *About the author:*

Katherine Gambir is a GBV and SRH humanitarian researcher. As Senior Research Advisor at the Women's Refugee Commission, Katherine leads the conception and implementation of robust research and evaluation initiatives on sexual violence (SV) and child marriage in humanitarian contexts. She leads the Sexual Violence Against Men and Boys Project, which focuses on building the capacity of humanitarian frontline workers to prevent and respond to SV among displaced adolescent boys, male youth, and LGBTIQ+ youth. She is the Principal Investigator of a multi-country project aimed at generating evidence to expand access to medical and psycho-social care for survivors of SV in crises. Katherine also chairs the Inter-Agency Working Group on Reproductive Health in Crises task team on male survivors of SV. She holds a Masters in Public Health from Boston University School of Public Health and a Bachelor's in Science from Hamilton College.

## The (in)visibility of male-directed sexual violence

Author: **Heleen Touquet**

KU Leuven, Belgium

This paper examines the dynamics of and interactions between the voicing, silencing, rendering readable/visible of sexual violence directed at male bodies in Croatia, Kosovo and Bosnia-Herzegovina, contexts best known for the mass rape of women during the wars in the former Yugoslavia.

The paper traces the critical junctures at which male-directed sexual violence became speakable/readable/visible across the different contexts and sheds light on the specific constellations of actors (NGO's, politicians, activists) and actions (media interventions, cultural artefacts) that were involved in this process.

A feminist analysis of these differential dynamics shows that whilst male-directed sexual violence is certainly not as unspeakable in public as it is often thought to be, it is only particular aspects and stories that fit classic nationalist notions of victimhood that become highly visible in public exchanges, while the vulnerabilities of male victims and by extension the violability of men (which could pin holes in patriarchal conceptions of the nation) or the fluidity of masculinity are ignored.

The article concludes with a reflection on how the dynamics of voicing, silencing and rendering (un)readable/(in)visible impact of the findings on the production of knowledge about (male-directed) sexual violence.

### *About the author:*

Heleen Touquet is a researcher at the University of Leuven and a visiting professor at the University of Antwerp, in Belgium. They are currently concluding a research project on male survivors of conflict-related sexual violence during the wars in the former Yugoslavia. Some articles based on the project have appeared in *Security Dialogue*, *International Affairs* and the *Journal of Humanitarian Affairs*.

## Refugee male survivors seeking health care in Uganda: Experiencing and overcoming stigma and categorization

Author: **Charles Waddimba**

Makere University Kampala, Uganda

In this study, I looked at the experiences of survivors of sexual violence among the overall refugee population in Uganda and how the issue of sexual violence against men during conflict can become more visible, given stigmatization of male survivors of sexual violence by public opinion and the media. This study aims at exploring how stigmatization and categorization of refugee male survivors of sexual violence as homosexuals has made them invisible when it comes to accessing medical care and services in Uganda. By exploring experiences of refugee male survivors of sexual violence before, during and after accessing medical and health services in Uganda, the study seeks to make more visible how the stigmatization of male survivors of sexual violence by public opinion and medical personnel affects these survivors. By interviewing thirty individuals, including some 20 refugee men, and around 10 services providers NGO staff, and ministry officials, this study confirms that cultural stigma and categorization affect the services provided to male survivors of sexual violence in Uganda. These factors play a significant role in making it harder for refugee men who have survived sexual violence to obtain adequate medical and health care. In conclusion, the findings of this research lead to a number of recommendations as to how refugee male survivors of sexual violence could be better supported in future to obtain the medical and psycho-social services they so urgently need and deserve.

### *About the author:*

Activist, consultant, and practitioner. Widely known as an advocate for expanding understanding of conflict-related sexual violence among health workers to include Refugee male survivors of sexual violence's needs to overcome stigma and discrimination. Since 2018, he has devoted his professional life to exploring forced migration, gender, and sexuality issues. In his capacity as the CEO of Male Care for Peace Association since July 2022, he has managed to train over 350 stakeholders at various levels to understand male survivors' issues as well as improve response mechanisms to have gender-inclusive service delivery and humanitarian response. He holds a Bachelor of Arts in Adult and Community Education which he obtained in 2015 from Makerere University, Uganda, and a Master of Arts in Development Studies with a focus on Human Rights, Gender and Conflict Studies, and Social Justice Perspectives, which he obtained from the International Institute of Social Studies in the Netherlands.

**Yuriy Nesterko** (University of Leipzig, Department for Medical Psychology and Medical Sociology, Germany),

**Sabine Lee** (University of Birmingham, Department of History, UK) and

**Heide Glaesmer** (University of Leipzig, Department for Medical Psychology and Medical Sociology, Germany)

On 6<sup>th</sup> and 7<sup>th</sup> October 2022, the symposium “Conflict related sexual violence against men and boys” took place at the conference centre of Schloss Herrenhausen in Hannover, Germany. The symposium addressed the topic from an interdisciplinary and intersectoral perspective with regard to the participation of researchers from different research fields, such as psychology, psychiatry, history, political science, law, gender studies and philosophy, as well as through the attendance of various non-governmental organizations, such as Amnesty International, Refugee Law Project, All Survivors Project and Women’s Refugee Commission. As part of the symposium, an interdisciplinary workshop with early career researchers and seniors and a round table discussion took place. Core issues affecting the phenomenon conflict related sexual violence against men and boys worldwide, namely the psychosocial wellbeing of those affected, gender roles, stigma and discrimination, disclosure and reconciliation, human rights, as well as gaps and opportunities in prevention were explored.

Sexual violence in the context of armed conflicts and displacement is a severe and stigmatizing human rights violation and is often classified as a war crime. In research and public debates on CRSV, men are usually assumed to be perpetrators; this is indeed the reality in the vast majority of cases. The recognition of men and boys as survivors of CRSV is a recent development. Contributors to the symposium discussed how research on the psychosocial impact of being a male survivor of CRSV can be addressed more globally according to a wide spectrum of administrative and legal specificities in different countries and settings. In recent years, sexual violence against men and boys has been reported or documented in almost every armed conflict region (e.g., Iran, Kuwait, former Yugoslavia, Chechnya, Democratic Republic of Congo, Liberia, Uganda, Rwanda), but only little empirical evidence exists on the prevalence of CRSV against men and boys. The absence of sound evidence and a resultant lack of clarity about the size of the problem as well as a lack of understanding of the impact of the crimes on the targeted populations as well as a lack of political efforts by the international community means that CRSV against men and boys is currently not addressed sufficiently in international humanitarian law (IHL). Therefore, while rape, sexual torture and mutilation, sexual slavery, enforced prostitution, and enforced sterilization as war crimes affecting women and girls have been addressed for instance by the International Criminal Court (ICC), CRSV against men and boys has not been the focus of international courts and other legislators in IHL so far. The symposium addressed this issue in the context of historic and contemporary contexts to explore how the rights and needs of male survivors of CRSV can be met in the face of mounting levels of trauma-related experiences of the survivors before, during and after the conflict in question.

As one of the results, the meeting alerted researchers to the many remaining open questions, especially addressing the issues of stigma and taboo, which are obstacles to research and provision of psychosocial, legal and health care and which render the affected groups per se a hard-to-reach population.

This leads back to an important point that was highlighted in several sessions of the pre-conference workshop and the symposium and has already been mentioned. Most research to date has focused primarily on improving our understanding of the challenges faced by female survivors of (CR)SV; as a next step, these findings as well as future research on male, female and non-binary survivors need to be



translated into practical interventions that help overcome the negative consequences for all survivors in terms of gender-specific physical and mental health, but also in terms of social and economic well-being and acknowledgement. Furthermore, the impact of the research should go beyond this and address the challenges at the policy level as well. By examining in more detail which local and regional support structures are most helpful in addressing the lack of psychosocial, legal and health support for (male) survivors of CRSV, recommendations should be provided for transitional justice mechanisms that meet the needs of those affected.

The two-day symposium has clearly demonstrated progress of recent research relating to CRSV against men and boys. It was also shown that the research outcomes to date have raised as many new questions as they have answered older ones. We very much hope that the extensive communications during and around the meeting will lead to further collaboration across national, disciplinary and sectoral boundaries and will lead to more positive outcomes both at academic level and at the level of design and implementation of recognition and interventions – psychosocial, medical, legal and policy-oriented – in the future.

### **Insights through interdisciplinary and international cooperation**

The two days offered us a multi-faceted opportunity for academic exchange of research results and personal experiences. The workshop for young researchers, with its fascinating presentations from a variety of disciplines ranging from history to psychology and from political science to international law, provided intellectual stimulation, opportunities for interdisciplinary cross-fertilization and exciting discussions about future research collaborations. We hope that the contacts made between young researchers and between young and senior colleagues will form the basis for further work in this field.

One key issue arising out of discussions relates to research methodologies and interdisciplinarity. It was generally acknowledged that different approaches, combining quantitative and qualitative methods were best suited to the research theme in order to do justice to the complexity of the phenomena under investigation. However, it was also recognized that interdisciplinarity, which was already the feature of many of the joint research projects, could and should be further enhanced, as could the comparative work within and beyond disciplinary boundaries that builds on collaborative work with researchers with related research interests. For example, trauma research in related fields has added to our knowledge base as has the already significant collaboration between historians, social scientists and psychologists in participatory research design which had the very considerable bonus of also having direct input from survivors of CRSV themselves. The slot dedicated to the war against Ukraine should also be highlighted. The reports and presentations of the Ukrainian colleagues, some of which were very moving, once again underlined how important it is to take up the topic of CRSV as early as possible and to link up with existing expertise from research on other conflict situations.

### **Recommendations and future directions**

By the end of the symposium, we agreed on a number of main outcomes / recommendations / challenges we have to deal with, which should be further addressed by both research as well as policy in the near future:

- (1) Research on CRSV against men and boys is still in its early stages despite promising initiatives and projects over the last 30 years; many questions remain unanswered due to the prevailing taboo and stigmatization of those affected.

- (2) One conclusion is to make the academic knowledge and research more visible, not only for policy makers, but also more broadly in societal discourses.
- (3) Another conclusion is to start or – where already present – support critical discussions against prejudices, stigma and taboo, to emphasize positive impacts that disclosure on the one hand and culture of listening and acknowledgement on the other hand can bring to a society.
- (4) There are political realities and obstacles (due to constraints of resources, specific attitudes) that lead policy makers to neglect or avoid implications provided by research. However, engagement in political debates and integrating evidence-based research more broadly into political discourses are important in terms of addressing objections of any kind.
- (5) There remains an urgent need to establish community-based initiatives, evidence-based thinking, early support, sharing of information, supervision and training of service providers, presentation of scientific results to the public, connecting people in the field, and support critical discussions.
- (6) From the perspective of the current research, there is an urgent need for more survivor-centred (e.g., driven by individual experiences and needs) and intersectional (including ethnicity, religion, culture, etc. of survivors as well as their social environments) approaches in both academia and various care provision systems to better address the specific needs of male survivors of CRSV.

*Yuriy Nesterko, Sabine Lee and Heide Glaesmer*

**Editors:**

[Dr Yuriy Nesterko](#)

(University of Leipzig, Medical Faculty, Department for Medical Psychology and Medical Sociology),

[Prof Dr Sabine Lee](#)

(University of Birmingham, UK) and

[Prof Dr Heide Glaesmer](#)

(University of Leipzig, Medical Faculty, Department for Medical Psychology and Medical Sociology)

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**Design:**

Metronom | Agentur für Kommunikation und Design GmbH, Leipzig  
Barbara Brendel (Leipzig)

12/2023

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