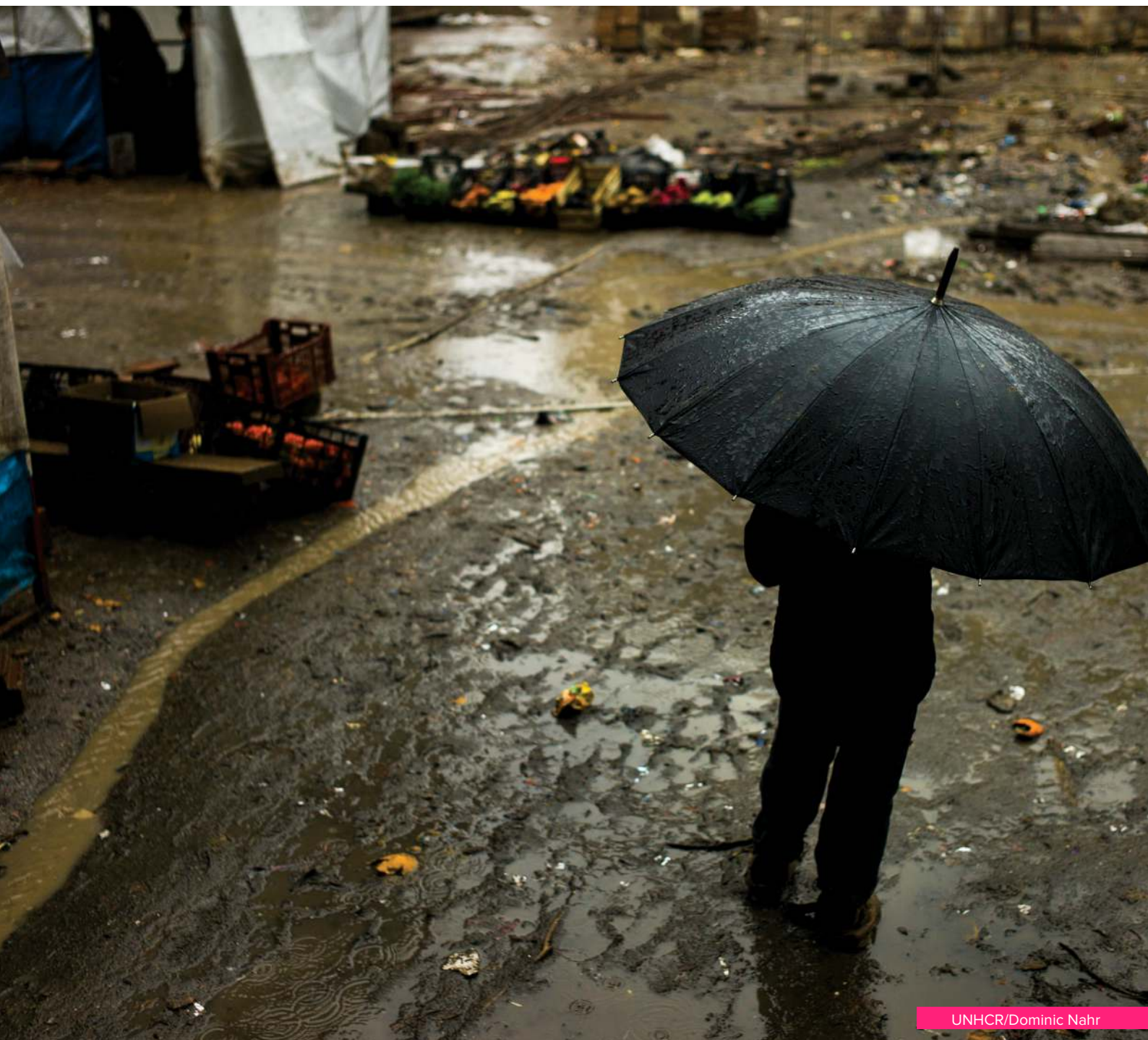


“WE KEEP IT IN OUR HEART”



UNHCR/Dominic Nahr

SEXUAL VIOLENCE AGAINST MEN AND BOYS

IN THE SYRIA CRISIS



UNHCR
The UN Refugee Agency

Names of key informants and refugees quoted in this report have been changed to protect their identity. This report was commissioned by the MENA Protection Service, UNHCR, on 16 August 2016. The views expressed in this paper are those of the author and do not necessarily reflect those of the United Nations or UNHCR. This paper may be freely quoted, cited, and copied for academic, educational or other non-commercial purposes without prior permission from UNHCR, provided that the source and author are acknowledged.

© United Nations High Commissioner for Refugees (UNHCR)
October 2017

Researcher and author:
Dr. Sarah Chynoweth, INDEPENDENT CONSULTANT

LIST OF ACRONYMS

ARDD-Legal Aid	Arab Renaissance for Democracy and Development
CMR	Clinical management of rape
CVT	Centers for Victims of Torture
DCVAW	Directorate of Combating Violence Against Women (KRI)
DRC	Democratic Republic of the Congo
FGD	Focus group discussion
FPD	Family Protection Department (Jordan)
GBV	Gender-based violence
GBV	Gender-based Violence
HAI	Heartland Alliance International
IASC	Inter-Agency Standing Committee
IMC	International Medical Corps
IMS	Information Management System
IRC	International Rescue Committee
IRD	International Relief and Development
IRAP	International Refugee Assistance Project
ISIL	Islamic State in Iraq and the Levant (also known as ISIS)
ISIS	Islamic State in Iraq and Al-Sham (also known as ISIL)
JRF	Jordan River Foundation
KII	Key informant interview
KRI	Kurdistan Region of Iraq
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MENA	Middle East and North Africa
MHPSS	Mental health and psychosocial support
MSF	Médecins Sans Frontières
NGO	Nongovernmental organisation
PCAP	Protection Cash Assistance Program
PRS	Palestine Refugees from Syria
PSS	Psychosocial support
SGBV	Sexual and gender-based violence
SOP	Standard operating procedure
SVM	Sexual violence against males
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization
WRO	Women's Rehabilitation Organization (KRI)

TABLE OF CONTENTS

Acknowledgements	5
Executive Summary	6
1. Introduction	11
2. Background	12
2.1. Research on sexual violence against males: what do we know?	12
2.2. Impact and barriers to accessing care	16
3. Methods	18
3.1. Limitations	21
4. Key findings: Characteristics of Sexual Violence against Males	23
4.1. Conflict-related sexual violence in Syria	23
4.2. Sexual violence against LGBTI persons in Syria and in displacement	27
4.3. Sexual violence against boys in countries of asylum	30
4.4. Sexual exploitation of men and boys in countries of asylum	32
4.4.1. Sexual exploitation in the context of refugee employment and child labour	33
4.4.2. Sexual abuse and exploitation through information and communication technologies...	34
4.5. Other sexual violence	35
5. Impact	36
6. Information Management Systems	40
7. Service Provision	43
7.1. SGBV programming	43
7.2. SGBV case management and referral services	44
7.3. Protection	46
7.4. Child protection	47
7.5. Mental health and psychosocial support	48
7.6. Health	49
7.7. Legal assistance	51
7.8. Other services	52
8. Barriers to Service Accessibility	53
9. Barriers to Service Provision	58
10. Conclusion	66
Recommendations	67
Key Definitions	74
Annex A. GBV IMS Statistics	76
Annex B. Agencies providing targeted services to male survivors of sexual violence	77
Annex C. Quotes: Knowledge and attitudes of humanitarian staff	79

ACKNOWLEDGEMENTS

Many thanks to the key informants, reviewers, and refugees who took the time to participate in this research, particularly the survivors who courageously and generously shared their stories. Special thanks are due to Douglas DiSalvo, Lachin Hasanova, Rita-Flora Kevorkian, Amra Lee, Amanda Melville, Pedro Munoz Alonso, Nishin Nathwani, Amit Sen, Edouard Legoupil and Nabeela Sweisat for their support, as well as QANDIL in Iraq and INTERSOS and UNRWA in Lebanon.

EXECUTIVE SUMMARY

“The main reason we left is not fear of shelling or bullets. **The main reason we left is because of fear for our honour.** This is the main reason – **fear of us being abused, all of us, our daughters and our men.**”

–Lara,¹ Women’s Focus Group Discussion, Jordan

As the civil war in Syria further deteriorates, accounts of systematic human rights abuses continue to emerge, including torture, starvation, and widespread sexual violence against civilians and combatants. More than five million refugees have fled to neighbouring countries in search of safety, yet they continue to face challenges of poverty, discrimination, as well as sexual violence and exploitation. Some attention has been given to women and girls who have suffered sexual violence in Syria and in displacement; however, less is known about male survivors, including ways to meet their needs.

This exploratory study examined sexual violence against men and boys in the Syria crisis and their access to services in Jordan, Lebanon, and the Kurdistan Region of Iraq (KRI). In addition to a review of the literature and an online survey completed by 33 key informants, in-country data collection was undertaken in October 2016. Key informant interviews with 73 humanitarian personnel from 34 agencies were conducted as well as 21 focus group discussions with 196 refugees. Questions probed the characteristics and scope of sexual violence against men and boys, the impact on male survivors and their families, and the availability and utilisation of services for male survivors in countries of asylum. The findings and recommendations presented in the report offer a starting point for unpacking and addressing a complex, under-investigated issue. Given the challenges in researching this taboo topic, sexual violence against men and boys is likely occurring under a variety of circumstances not identified in this exploratory study. Additional investigation and attention are imperative to clarify the scope of sexual violence against males, prevent this violence where possible, and effectively meet the needs of survivors.

KEY FIGURES:

Between 19.5 to 27 per cent of male survey respondents in key 3RP countries confirmed having experienced sexual harassment or unwanted sexual contact as boys

One focus group of refugee women in Jordan estimated that **30 to 40 per cent of all adult men in their community had experienced sexual violence while in detention in Syria**

In Lebanon, a 2013 rapid assessment of 520 Syrian and PRS male youth and boys (age 12-24) revealed that

- **10.8 per cent had experienced an incident of sexual harm or harassment in the previous three months**
- **among them, none had accessed services**

Refugees in only two of the 21 FGDs could name one **available service** for an adult or child male survivor.

¹ Names of refugees quoted in this report have been changed to protect their identity.

Though the extent remains unclear, the evidence gathered through this study confirms that men and boys are subjected to sexual violence in Syria and in displacement.

The study identified four patterns of sexual violence against males:

- 1) Conflict-related sexual violence against men and boys in Syria.² **Men and boys in Syria are subjected to sexual violence including sexual torture by multiple parties to conflict.** Most accounts documented in this study involved older adolescent boys and adult men; accounts of sexual violence against boys as young as 10 as well as elderly men in their 80s were also reported. Official and makeshift detention centres were reported as key sites of sexual violence.
- 2) Sexual violence against lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons. **LGBTI persons are targeted for sexual violence in Syria by armed groups and in their countries of asylum by multiple opportunistic perpetrators, including landlords, taxi drivers, neighbours, and authority figures, among others.** They are particularly vulnerable given limited legal protections and their “double stigma” as both refugees and persons with a non-conforming sexual orientation and/or gender identity.
- 3) Sexual violence against boys in countries of asylum. **Refugee boys suffer sexual violence at the hands of older boys and men from their community as well as host communities.**
- 4) Sexual exploitation of boys and men in countries of asylum. **Refugee men and boys reported sexual exploitation in the work context, often under informal working conditions.** There were also reports of refugee men and boys being blackmailed into sexual relationships through nude or sexual photos or videos, often taken covertly on mobile phones.

Devastating, multi-faceted impacts of sexual violence on male survivors and their families were documented. Sexual violence, particularly sustained sexual torture, had profoundly debilitating and destabilising psychological consequences. **Physically**, rectal trauma, often due to sexual torture with the use of objects, in the form of anal fistulae and fissures was reported, resulting in ongoing pain and faecal leakage. **Socially**, male survivors were shunned and shamed, and some were threatened with death. **Economically**, adult male survivors faced numerous impediments to employment—under already highly competitive, often exploitative conditions—due to poor mental health, community marginalisation, or compromised physical health. Some boy survivors left school, jeopardising their education. Entire families were impacted: community ostracization, the onset of domestic violence, and poverty due to loss of livelihood were reported as direct results from the sexual victimisation of a husband, father, or son.

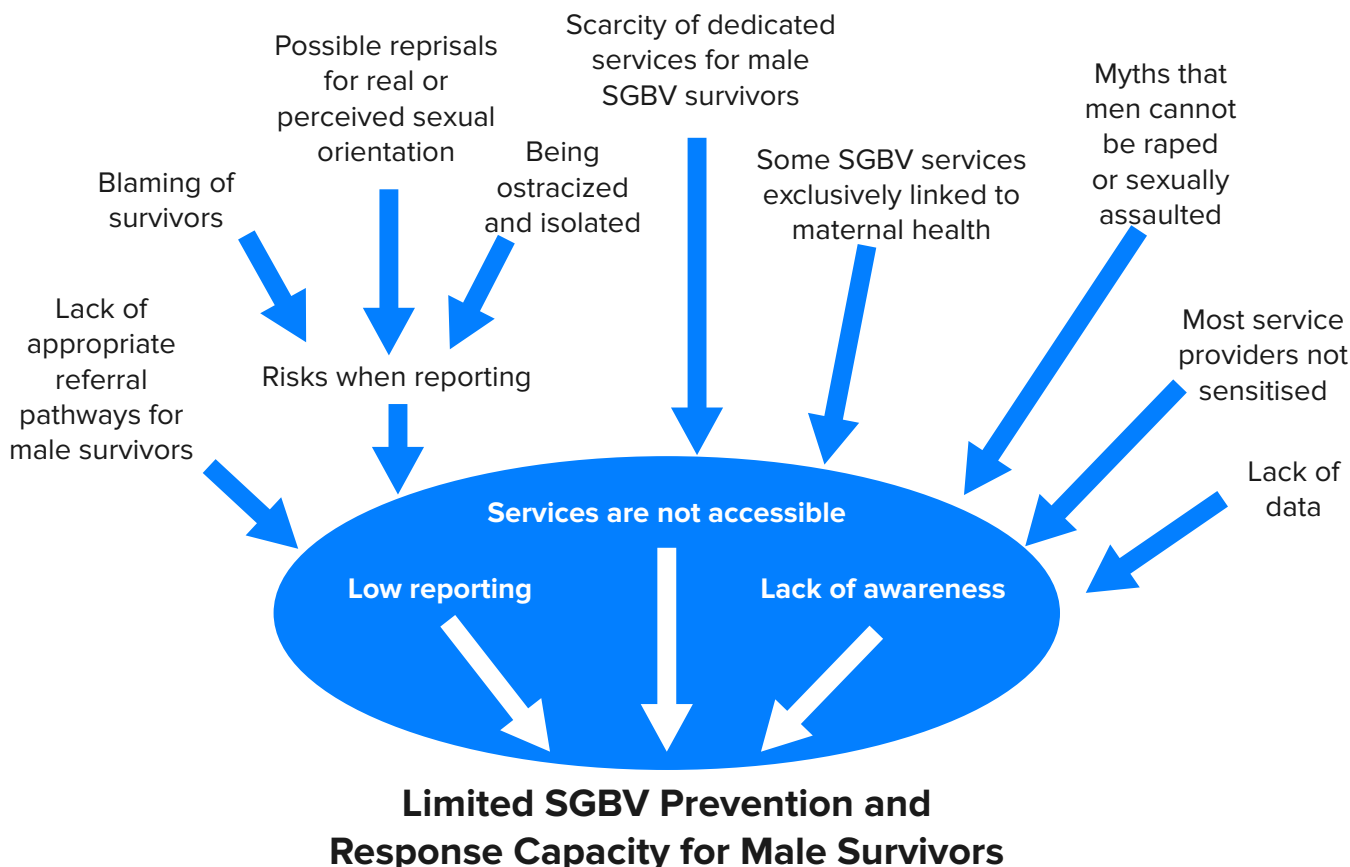
² Conflict-related sexual violence against males includes oral and anal rape and attempted rape (including with objects), genital violence (including beatings, electric shock, and mutilation), castration, sterilisation, forced sexual activity with or sexual harm against other people (including family members) or corpses, sexual humiliation including forced masturbation of self and forced nudity, forced witnessing of sexual violence, and “other forms of sexual violence of comparable gravity...that is linked, directly or indirectly (temporally, geographically or causally) to a conflict. This link may be evident in the profile of the perpetrator; the profile of the victim; in a climate of impunity or State collapse; in the cross-border dimensions; and/or in violations of the terms of a ceasefire agreement.” S/2015/203, para. 2. See also: Sarah Solangon and Preeti Patel, “Sexual violence against men in countries affected by armed conflict”, *Conflict, Security & Development*, vol. 12, No. 4 (2012), pp. 417-442; Sandesh Sivakumaran, “Sexual violence against men in armed conflict”, *European Journal of International Law*, vol. 18, No. 2 (2007), pp. 253-276.

Services and referral mechanisms for young boy survivors are largely in place across the three settings, although staff capacity requires strengthening and utilisation remains low. Targeted services, skilled and sensitised staff, and functioning referral mechanisms for adult male survivors are lacking, particularly in rural and peri-urban areas, with notable exceptions. In Jordan and KRI, a smattering of primarily local organisations has adapted their programming to provide some basic services for male survivors. In Beirut, Lebanon, a small network of agencies is providing sensitised and targeted case management, healthcare, mental health and psychosocial support, legal assistance, and livelihood support to male survivors, primarily LGBTI refugees. A variety of innovative practices were documented across the settings.

Numerous barriers impeded both service provision as well as accessibility. Selected barriers include: strong **social stigmatisation** against male survivors as well as LGBTI persons generally; absence of effective **identification mechanisms**; lack of awareness and **dismissive attitudes** among some humanitarian staff; a shortage of sensitised and **experienced providers**; a poor evidence base for interventions; legislative barriers; limited donor interest; and lack of clarity regarding the sectoral and institutional responsibility for addressing sexual violence against adult men.

“A man would never speak of this. Why should he? [We know that everyone in jail is raped – it is normal.](#)” -Sami, Men’s Focus Group Discussion, KRI

Problem Tree



Key recommendations

The following recommendations are specific to the three study settings. A multi-sectoral, intersectional³ approach, rather than a “gender-neutral” or “gender-sensitive” approach, to sexual violence against males is recommended. An intersectional approach is useful in examining how multiple aspects of someone’s identity, such as having a disability and/or being LGBTI, can increase vulnerability to sexual and gender-based (SGBV) in humanitarian settings. While child protection and SGBV actors are jointly responsible for addressing sexual violence against boys, it is recommended that the burden of addressing sexual violence against adult men does not fall on the SGBV sector alone: a multi-sectoral effort involving protection, MHPSS, health, and other actors is necessary for an effective response. More clarity is needed at the global level regarding the scope of the SGBV sector as well as the institutional and sectoral roles and responsibilities for preventing and responding to sexual violence against adult men. It is imperative that good quality, accessible services for men, boys, and LGBTI persons are put in place while maintaining the integrity of women-centred SGBV programmes.

To address sexual violence against males, humanitarian actors must first raise awareness among and build the capacity of providers and responders, implement services, and establish or expand functioning referral pathways before awareness-raising among the community is initiated. It is critical to comply with “do no harm” principles and strengthen confidentiality in order to protect male survivors from potential reprisals for disclosing sexual violence or seeking services, which can in turn facilitate improved identification and reporting. Involvement of men and boys, in particular male survivors, male service providers, and LGBTI persons, in program design, implementation, and evaluation is essential for success. A comprehensive set of targeted recommendations is included at the end of the report to address the full spectrum of needs.

At the country level in the three study settings, it is recommended that:

1. The SGBV Working Groups take the lead on **advocating for intersectional approaches**, and where appropriate tailored measures, in the inter-agency prevention and response to sexual violence against refugee men and boys. These efforts should complement and, where possible, bolster sexual violence-related interventions targeting women and girls. If the Sub-Working Group is unable to drive these efforts, Sub-Working Group members should identify another Working Group (such as Protection) to take the lead on addressing sexual violence against males. Close coordination with the Child Protection Sub-Working Group is critical. Given its mandate of refugee protection, UNHCR should support and reinforce efforts to address sexual violence against males.

2. SGBV, Protection, Child Protection, Mental Health and Psychosocial, Health/Reproductive Health, Legal Aid, and Security actors:

- Strengthen **cross-sectoral coordination** on sexual violence against adult males and boys and identify which sector and actor (including non-traditional actors) are best placed to provide services for adult male survivors in settings where services are absent.

³ Intersectionality refers to the interconnected nature of social identities such as gender, sexual orientation, social class, ethnicity, nationality, age, among others, and how the intersection of these identities creates interdependent systems of oppression and marginalisation. Intersectionality highlights how multiple forms of social inequality, such as sexism, racism, and homophobia, operate together and reinforce one another on a multidimensional basis. (See works by scholars Kimberlé Crenshaw and Patricia Hill Collins.) An intersectional approach to SGBV can help humanitarian actors better identify an individual’s or group’s multi-layered social identities and vulnerabilities, understand how they manifest and intersect, and develop appropriate responses.

- Implement measures to **strengthen confidentiality** and protect male survivors from potential reprisals for disclosing sexual violence or seeking services.
- To the extent possible, provide accessible, confidential services, including in **decentralised locations**, and address barriers to movement.
- Systematically build capacity of service providers and front-line staff to address sexual violence against men and boys, focusing on knowledge, attitudes, and technical skills as well as diversity inclusion, **non-discrimination and respect toward male survivors and LGBTI persons**.
- Establish, expand, and/or strengthen **referral pathways** for child and adult male survivors and ensure SOPs integrate adult and child male survivors.
- Support reintegration of male survivors into the community, where this is assessed as conducive to their safety.
- Integrate men and boys including LGBTI persons into **target groups** for relevant assessments, safety audits, trainings, guidance, communication materials, and strategies.
- Prioritise prevention and risk mitigation efforts and engage men and boys in the development of **prevention** strategies.

3. National Gender-based Violence Information Management System (GBV IMS) Steering Committees:

- Continue encouraging **enrolment of new data gathering organisations** into the national GBV IMS, including agencies providing case management services to male survivors.

4. Donors:

- Fund programmes to comprehensively prevent and respond to sexual violence against males, including **innovative community-based pilot programmes**, without compromising targeted support for women and girls.
- Finance **research**, including detailed case studies, to better understand the nature, scope, and impact of sexual violence against males as well as ways to effectively prevent and respond to sexual violence against males in conflict and displacement.

1. INTRODUCTION

After six years of civil war, the Syrian people have suffered immensely. The crisis continues to deteriorate, punctuated by increasingly fragmented warring and political factions, spiralling violence, and broken peace deals. The result: 65 per cent of Syria's population is displaced, including 6.3 million people within Syria and approximately 5.27 million refugees in the region.⁴

The war has become renowned for its brutality with several parties to the conflict committing widespread and systematic rights violations.⁵ In January 2016, the UN Secretary General Ban Ki-moon noted that the war had reached “shocking depths of inhumanity”, describing scenes that “haunt the soul”.⁶ Reports by the Independent International Commission of Inquiry on Syria allege that the Syrian government and the so-called Islamic State in Iraq and the Levant (ISIL) are responsible for crimes against humanity, including murder, rape or other forms of sexual violence, torture, and other inhumane acts.⁷ The Independent International Commission of Inquiry and human rights organisations also implicate anti-government armed groups⁸ and other parties to conflict in war crimes, including murder, execution without due process, torture, and hostage-taking.⁹

A disturbing feature of the conflict has been widespread sexual violence, perpetrated by multiple parties to the conflict. The rape, sexual torture, and sexual servitude of Syrian women and girls has been documented.¹⁰ Syrian men and boys have also been targeted for sexual violence,¹¹ yet less is known about their experiences or their access to services. Refugee men and boys who have fled to neighbouring countries are grappling with poverty and economic exploitation, and are vulnerable to sexual violence, including sexual exploitation, as well.

This report explores sexual violence against men and boys¹² in the Syria crisis and their access to services in Jordan, Lebanon,¹³ and the Kurdistan Region of Iraq (KRI). The purpose of the study is to inform UNHCR and other humanitarian actors' SGBV prevention and response programming to assist in strengthening interventions for men and boys. The research was designed as an exploratory study to examine basic questions regarding sexual violence against males (SVM) in Syria and during displacement. For example, what are the nature and characteristics of SVM? Where is SVM happening and what is the impact on survivors, their families, and their community? What services are available for male survivors, and are they being accessed? As a 2015 report by the UN Secretary-General on conflict-related sexual violence highlighted, documenting sexual violence poses numerous challenges.¹⁴ The findings presented in this report provide initial insights into a sensitive and little-understood issue. Additional research and attention are imperative to better understand, prevent, and respond to SVM. These efforts must not deflect resources or attention away from women and girls, who bear the greater burden of sexual violence.

⁴ United Nations High Commissioner for Refugees, *Global Trends: Forced Displacement in 2016* (June 2017).

⁵ cf. A/HRC/31/CRP.1; A/HRC/33/55; HCR/PC/SYR/01.

⁶ United Nations New Centre, “Starvation ‘as a weapon’ is a war crime, UN chief warns parties to conflict in Syria”, 11 January 2016. Available from <http://www.un.org/apps/news/story.asp?NewsID=53003#V-I4xpMrKUk>.

⁷ cf. A/HRC/31/CRP.1; A/HRC/33/55; HCR/PC/SYR/01.

⁸ “Anti-government armed groups” refers to non-state armed groups and alliances that aim to overthrow the Syrian government through violent means, such as the Free Syrian Army, Jabhat Al-Nusra (now known as Jabhat Fateh al-Sham), Army of Conquest (Arabic: Jaish Al-Fatah), the Southern Front, among others. See HCR/PC/SYR/01.

⁹ HCR/PC/SYR/01.

¹⁰ S/2016/361.

¹¹ cf. A/HRC/21/50; A/HRC/22/59.

¹² This report includes findings about sexual violence against transgender men and women. See Key Definitions at the beginning of the report for definitions of transgender, sexual violence, sexual exploitation, and related terms.

¹³ Although Syrians in Lebanon are not officially recognised by the national government as refugees, this report refers to them as such for ease of reading and because they meet the definition of a refugee as defined in the 1951 UN Refugee Convention and 1967 Protocol.

¹⁴ S/2015/203.

2. BACKGROUND

Conflict-related sexual violence, as defined in the UN Secretary-General's 2015 report, refers to sexual violence "that is linked, directly or indirectly (temporally, geographically or causally) to a conflict. This link may be evident in the profile of the perpetrator; the profile of the victim; in a climate of impunity or State collapse; in the cross-border dimensions; and/or in violations of the terms of a ceasefire agreement."¹⁵ Conflict-related SVM takes many disturbing forms, and can manifest differently than sexual violence against women and girls. Men and boys may be forced to perform sex acts on other people, including their family members or the dead, or forced to watch sexual violence against others.¹⁶ Castration and sterilisation, genital shocks and beatings, forced masturbation of self and others, insertion of objects into the urethra, and oral and anal rape with objects such as rifles, sticks or broken bottles have been reported across a number of conflicts,¹⁷ ¹⁸including the current war in Syria.¹⁹ Systematic abuse involving blunt trauma to the testicles for the purpose of impairing reproductive function has also been documented in conflict.²⁰

2.1. Research on sexual violence against males: what do we know?

Research on SVM during armed conflict as well as peacetime is limited, although comparably more data are available on childhood sexual abuse against boys in non-crisis settings. The available research on SVM suffers from varied methodologies, definitions, and designs, rendering it difficult to determine the global extent of the problem.

Non-conflict-affected settings

The World Health Organization (WHO) estimates the lifetime prevalence for childhood sexual abuse against males is 7.6 per cent globally.²¹ Similarly, a 2009 meta-analysis covering 22 countries found, on average, 7.9 per cent of men had experienced sexual abuse during childhood.²² Other research suggests from 3 to 17 per cent of males have experienced sexual abuse before the age of 18, depending on the country.²³ According to UNICEF, a robust global estimate of sexual violence against boys is currently unavailable as comparable data are available for only four countries.²⁴ Research from primarily North American and European countries has shown that boys are more likely than girls to be abused by a non-family member.²⁵ Perpetrators are often older, non-familial males known to the survivors;²⁶ most perpetrators identify as heterosexual.²⁷ Limited research is available on childhood sexual abuse in the Middle East and North Africa (MENA) region.

¹⁵ S/2015/203, para. 2.

¹⁶ Dustin A. Lewis, "Unrecognized victims: sexual violence against men in conflict settings under international law", *Wisconsin International Law Journal*, vol. 27, No. 1 (2009), pp. 1-49.

¹⁷ Harry Apperley, "Hidden victims: a call to action on sexual violence against men in conflict", *Medicine, Conflict and Survival*, vol. 31, No. 2 (2015), pp. 92-99.

¹⁸ Sandesh Sivakumaran, "Sexual violence against men in armed conflict", *European Journal of International Law*, vol. 18, No. 2 (2007), pp. 253-276.

¹⁹ A/HRC/21/50, paras. 77, 96-102, Annex IX; A/HRC/22/59, section F, Annex VIII, IX; A/HRC/23/58, para. 92; A/HRC/25/65, paras. 62-69; A/HRC/30/48, paras. 72, 95; A/HRC/31/CRP1, para. 24; A/HRC/33/55, para. 108; S/2014/31, paras. 34-38.

²⁰ Eric Stener Carlson, "The hidden prevalence of male sexual assault during war: observations on blunt trauma of the male genitals", *British Journal of Criminology*, No. 46 (2006), p. 16-25.

²¹ World Health Organization, *Global Status Report on Violence Prevention 2014* (Geneva, 2014).

²² Noemí Pereda and others, "The prevalence of child sexual abuse in community and student samples: a meta-analysis", *Clinical Psychology Review*, vol. 29, No. 4 (2009), pp. 328-338.

²³ Jürgen Barth and others, "The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis", *International Journal of Public Health*, vol. 58, No. 3 (2013) pp. 469-483.

²⁴ United Nations Children's Fund, *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children* (New York, 2014).

²⁵ David Finkelhor, "The international epidemiology of child sexual abuse", *Child Abuse & Neglect*, vol. 18, No. 5 (1994), pp. 409-411.

²⁶ William Holmes and Gail Slap, "Sexual abuse of boys: definition, prevalence, correlates, sequelae, and management", *JAMA*, vol. 280, No. 21 (1998), pp. 1855-1862.

²⁷ Sharon Valente, "Sexual abuse of boys", *Journal of Child & Adolescent Psychiatric Nursing*, vol. 18, No. 1 (2005), pp. 10-16.

The few studies available on this issue in MENA have found significantly higher percentages of sexual victimisation amongst boys—although similar or lower percentages amongst girls—in MENA when compared with findings from North America and Europe.²⁸ In Jordan, of 100 college men who completed a self-administrated questionnaire, 27 per cent reported experiencing sexual abuse before the age of 14.²⁹ A study among Palestinian children aged 14 and 15 determined that 25 per cent of the boys reported having suffered sexual abuse.³⁰ In Lebanon, a survey of 3,754 students age 13 to 15 found that 19.5% of boys had experienced sexual victimisation, which was defined as including verbal harassment and physical contact of a sexual nature.³¹

“While the research on the issue of childhood sexual abuse in MENA is limited, surveys in key 3RP countries show that **19.5% to 27% of male respondents confirmed having experienced sexual harassment or unwanted sexual contact as boys**”.

WHO notes that, in regards to male victims of rape, official statistics “vastly under-represent” the true number of survivors.³² A UN cross-sectional study on men and violence in Asia and the Pacific found that, in the six countries studied, the prevalence of male on male rape ranged from 1.5 per cent (in Jayapura, Indonesia) to 7.7 per cent (in Bougainville, Papua New Guinea).³³ A 2014 study assessing federal surveys on sexual victimisation in the U.S. revealed that, in many circumstances, prevalence among men and women as survivors were similar.³⁴ Studies and assessments from non-crisis as well as refugee settings indicate that men and boys with disabilities are at heightened risk of sexual violence.³⁵ Although research is scarce, studies from the United States and the United Kingdom suggest that gay and bisexual men and boys in these countries experience higher rates of sexual victimisation than their heterosexual counterparts.³⁶

Conflict-affected settings

In conflict-affected settings, existing research indicates that SVM has been severely underestimated, likely due to under-reporting, poor detection, narrow legal frameworks that do not criminalise SVM or protect survivors, and a concentration on sexual violence against women and girls.³⁷ A handful of studies employing varying methodologies have been undertaken. A 2010 study, for example, found that almost one-quarter (23.6 per cent) of men in specific conflict-affected territories of Eastern Democratic Republic of the Congo (DRC) had experienced sexual violence—an estimated 760,000 men.³⁸ The authors conducted a similar study in Liberia,

²⁸ Karen Polonko and others, “Child sexual abuse in the Middle East and North Africa: a review”, in *Essays on Social Themes*, Gregory Papanikos, ed. (Athens, Greece, ATINER Press, 2011).

²⁹ Amjad Jumaian, “Prevalence and long-term impact of child sexual abuse among a sample of male college students in Jordan”, (2001), *Eastern Mediterranean Health Journal*, vol. 7, No. 3 (2001), pp. 435-440.

³⁰ Study by Women Centre for Legal Aid and Counselling (WCLAC) cited in Ayesha Al-Rafai, “Political instability and nation-building: sexual violence against female teenagers in the Occupied Palestinian Territories”, in *Gender-Based Sexual Violence against Teenage Girls in the Middle East*, P. Ouis and T. Myhrman, eds. (Beirut, Lebanon, Save the Children Sweden, 2007).

³¹ World Health Organization, *Global Student-Based Student Health Survey 2005: Lebanon*, (Geneva, 2007).

³² World Health Organization, *World Report on Violence and Health* (Geneva, 2002), p. 154

³³ Rachel Jewkes and others, “Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific”, *The Lancet Global Health*, vol. 1, No. 4 (2013), pp. e208-e218. Note that two scholars have questioned some of the findings from this study: [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70142-6/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70142-6/fulltext).

³⁴ Lara Stemple and Ilhan Meyer, “The sexual victimization of men in America: new data challenge old assumptions”, *American Journal of Public Health*, vol. 104, No. 6 (2014), pp. e19-e26.

³⁵ cf. Monika Mitra and others, “Prevalence and characteristics of sexual violence against men with disabilities”, *American Journal of Preventive Medicine*, vol. 50, No. 3 (2016), pp. 311-317; Emily Lund and J. Vaughn-Jensen, “Victimisation of children with disabilities”, *The Lancet*, vol. 380, No. 9845 (2012), pp. 867-869; Women’s Refugee Commission, “I See That It Is Possible”: Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings (May 2015).

³⁶ In the United States, for example, the lifetime prevalence of sexual violence other than rape is 40.2 per cent for gay males and 74.9 per cent for bisexual males, compared to 20.8 per cent for heterosexual males. Mikel Walters and others, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*, (Atlanta, Georgia, Centers for Disease Control and Prevention, 2013). See also Emily Rothman, Deineria Exner, and Allyson L. Baughman, “The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review”, *Trauma, Violence, & Abuse* (2011); Ford Hickson and others, “Gay men as victims of nonconsensual sex”, *Archives of Sexual Behavior*, vol. 23, No. 3 (1994), pp. 281-294.

³⁷ United Nations Office for the Coordination of Humanitarian Affairs, “Discussion paper 2: the nature, scope and motivation for sexual violence against men and boys in armed conflict”, (Paper presented at UNOCHA Research Meeting on the Use of Sexual Violence in Armed Conflict: Identifying Gaps in Research to Inform More Effective Interventions, 26 June 2008).

revealing that among former combatants, 32.6 per cent of males and 42.3 per cent of females had experienced sexual violence, compared with 7.4 per cent and 9.2 per cent among non-combatants, respectively.³⁹ The Refugee Law Project in Uganda found that, of 447 adult male refugees, more than one-third (38.5 per cent) had experienced sexual violence in their lifetime, including 13.4 per cent in the preceding year.⁴⁰ A survey of Sudanese refugees in Uganda revealed that 30.4 per cent of men had experienced or witnessed the sexual abuse of a man; among non-refugee Sudanese men residing in a conflict-affected state in Sudan, almost half (46.9 per cent) had experienced or witnessed the sexual abuse of a man.⁴¹ Men (and women) are particularly vulnerable in detention centres, where 50 to 80 per cent of male torture survivors have reported sexual violence.⁴² Analysis of Médecins Sans Frontières (MSF) data unveiled that, of the almost 118,000 survivors of sexual violence treated across 61 countries between 2004 and 2013, approximately 5 per cent were male; they note, however, that reporting is likely low as men and boys experience multiple barriers to seeking care.⁴³

Male Victims in El Salvador and Peru

Reanalysis of testimonies from the Truth Commissions in El Salvador and Peru revealed that men comprised 53 per cent and 22 per cent, respectively, of the documented sexual violence victims. The original Truth Commission reports stated that 1 per cent and 2 per cent, respectively, of the sexual violence victims identified in the testimonies were male. During the original analysis, sexual torture and other forms of sexual violence against men were primarily coded as torture.

Source: Michele Leiby, “The promise and peril of primary documents: documenting wartime sexual violence in El Salvador and Peru”, *Understanding and Proving International Sex Crimes*, Morten Bergsmo, Alf Butenschøn Skre and Elisabeth J. Wood, eds. (Beijing, TOAEP, 2012).

A range of reports confirm the presence of sexual violence against males in the MENA region, especially in the context of forced and irregular migration, unrest, detention, and armed conflict.⁴⁴ According to the Special Representative of the Secretary-General for Iraq and the Special Representative of the Secretary-General on Sexual Violence in Conflict, ISIL—in addition to sexually enslaving thousands of women and girls—has

³⁸ Kristen Johnson and others, “Association of sexual violence and human rights violations with physical and mental health in territories of the Eastern Democratic Republic of the Congo”, *Journal of the American Medical Association*, vol. 304, No. 5 (2010), pp. 553-562.

³⁹ Kristen Johnson and others, “Association of combatant status and sexual violence with health and mental health outcomes in postconflict Liberia”, *Journal of the American Medical Association*, vol. 300, No. 6 (2008), pp. 676-690.

⁴⁰ Chris Dolan, “Into the mainstream: Addressing sexual violence against men and boys in conflict”, briefing paper prepared for the workshop held at the Overseas Development Institute, London, 2014.

⁴¹ Mari Nagai and others, “Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda”, *Global Public Health*, vol. 3, No. 3 (2008), pp. 249-270.

⁴² Sara Meger, “‘No man is allowed to be vulnerable’: fitting the rape of men in armed conflict into the wartime sexual violence paradigm”, in *Engaging Men in Building Gender Equality*, Michael Flood with Richard Howson, eds. (Newcastle, UK, Cambridge Scholars Publishing, 2015).

⁴³ Françoise Duroch and Catrin Schulte-Hillen, “Care for victims of sexual violence, an organization pushed to its limits: the case of Médecins Sans Frontières”, *International Review of the Red Cross*, vol. 96, No. 894 (2014), pp. 601-624.

⁴⁴ cf. Egypt: Mariz Tadros, “Politically motivated sexual assault and the law in violent transitions: a case study from Egypt”, *IDS Evidence Report*, No. 8 (Brighton, UK, Institute of Development Studies, July 2013). Iran: Shirin Sadeghi, “Rape and the republic: Iran’s victims speak out”, *Huffington Post*, 17 August 2009. Available from http://www.huffingtonpost.com/shirin-sadeghi/rape-and-the-republic-ira_b_261047.html. Iraq: International Gay and Lesbian Human Rights Commission, *We’re Here: Iraqi LGBT People’s Accounts of Violence and Rights Abuse* (November 2014). Available from <http://www.refworld.org/docid/547437554.html> (accessed 20 December 2016). Human Rights Watch, *They Want Us Exterminated: Murder, Torture, Sexual Orientation and Gender in Iraq* (August 2009). Available from <http://www.refworld.org/docid/4a8953f52.html> (accessed 20 December 2016). Yifat Susskind, *Promising Democracy, Imposing Theocracy: Gender-Based Violence and the US War on Iraq* (New York, MADRE, 2008). Anthony R. Jones and George R. Fay, *AR 15-6 Investigation of the Abu Ghraib Prison and 205th Military Intelligence Brigade* (William S. Hein & Co, July 2005). Israel: Daniel J. Weishut, “Sexual torture of Palestinian men by Israeli authorities”, *Reproductive Health Matters*, vol. 23, No. 46 (2015), pp. 71-84. Kuwait: E/CN.4/1992/26, paras. 106-112. Libya: A/66/657-S/2012/33. Yemen: Inter-Agency Standing Committee, *Humanitarian Crisis in Yemen - Gender Alert* (July 2015). Available from https://interagencystandingcommittee.org/system/files/iasc_gender_reference_group_-_yemen_gender_alert_july_2015_finalised.pdf (accessed 12 December 2016). Human Rights Watch, “Yemen’s torture camps: abuse of migrants by human traffickers in a climate of impunity”, 25 May 2014. Available from <https://www.hrw.org/report/2014/05/25/yemens-torture-camps/abuse-migrants-human-traffickers-climate-impunity>.

reportedly used SVM against teenage Yazidi boys.⁴⁵ Assyrian and Kurdish journalists allege that ISIL also uses rape including gang rape against new recruits.⁴⁶

Though the extent of SVM is unknown, in conflicts where it has been investigated, male sexual violence “has been recognised as regular and unexceptional, pervasive, and widespread”.⁴⁷ A 2013 report by the Office of the Special Representative of the UN Secretary-General on Sexual Violence in Conflict similarly notes that “the disparity between levels of conflict-related sexual violence against women and levels against men is rarely as dramatic as one might expect”.⁴⁸

Data on the sex of perpetrators are scarce, as researchers have historically assumed that perpetrators are male.⁴⁹ A handful of studies indicate that women are sometimes involved in the perpetration of conflict-related sexual violence.⁵⁰ Women perpetrating conflict-related sexual violence—often in groups with men—against both men and women has been documented in a number of conflicts including Bosnia,⁵¹ Liberia,⁵² the U.S. invasion of Iraq,⁵³ and the Rwandan genocide.⁵⁴ In the MENA region, combatants are primarily male, although a small minority of female combatants are present.⁵⁵ Given women’s limited role in fighting forces, the perpetrators of conflict-related sexual violence in the MENA region are likely overwhelmingly male.

Myths of Sexual Violence Against Men & Boys

- ◆ Sexual violence against men and boys in conflict is rare.
- ◆ Male survivors are less affected by sexual violence than female survivors.
- ◆ Sexual violence, particularly in conflict, always involves male perpetrators and female victims.
- ◆ Male survivors of sexual violence are or will become gay or bisexual.
- ◆ Male perpetrators of sexual violence against other males are gay or bisexual.
- ◆ Men and boys do not disclose experiences of sexual violence.

⁴⁵ United Nations Iraq, “SRSG Bangura and SRSG Mladenov gravely concerned by reports of sexual violence against internally displaced persons”, Press release, 14 August 2014. Available from http://uniraq.com/index.php?option=com_k2&view=item&id=2373:srsg-bangura-and-srsg-mladenov-gravely-concerned-by-reports-of-sexual-violence-against-internally-displaced-persons&Itemid=605&lang=en.

⁴⁶ Ariel I. Ahram, “Sexual violence and the making of ISIS”, *Survival*, vol. 57, No. 3 (2015), pp. 57-78.

⁴⁷ Sandesh Sivakumaran, “Sexual violence against men in armed conflict”, *European Journal of International Law*, vol. 18, No. 2 (2007), pp. 253-276.

⁴⁸ Report of Workshop on Sexual Violence against Men and Boys in Conflict Situations, New York, 25-26 July 2013 (United Nations publication, p. 9).

⁴⁹ According to Cohen (2011), at least five well-known population-based surveys have measured sexual violence in conflict settings, including DRC, Liberia, Timor-Leste, Sierra Leone, and Uganda. With the exception of DRC, none of the surveys asked the sex of the perpetrator.

⁵⁰ Dara Kay Cohen, Amelia Hoover Green and Elisabeth Jean Wood, *Special Report: Wartime Sexual Violence: Misconceptions, Implications, and Ways Forward* (U.S. Institute for Peace, February 2013). For example, in Johnson et al.’s 2010 study on sexual violence in Eastern DRC, women reportedly perpetrated 41.1 per cent of sexual violence against females and 10 per cent against males (Johnson, et al. 2010). In the Sierra Leone civil war, population-based survey data reveal that 25 per cent of the gang rapes were committed by groups composed of both men and women (Cohen, 2011).

⁵¹ Charli R. Carpenter, “Recognizing gender-based violence against civilian men and boys in conflict situations”, *Security Dialogue*, vol. 37, No. 1 (2006), pp. 83-103.

⁵² Dana K. Cohen, “Female combatants and violence in armed groups: women and wartime rape in Sierra Leone”, *World Politics*, No. 65 (2011), pp. 383-415.

⁵³ Anthony R. Jones and George R. Fay, *AR 15-6 Investigation of the Abu Ghraib Prison and 205th Military Intelligence Brigade* (William S. Hein & Co, July 2005).

⁵⁴ Charli R. Carpenter, “Recognizing gender-based violence against civilian men and boys in conflict situations”, *Security Dialogue*, vol. 37, No. 1 (2006), pp. 83-103.

⁵⁵ For example, Kurdish female fighters are currently battling ISIL in Iraq and Syria, and the elite Syrian Republican Guard includes a brigade of approximately 800 female commandos. Women also comprise one-third of the Israeli Defense Forces. (Babak Dehghanpisheh and Michael Georgy, “Kurdish women fighters battle Islamic State with machineguns and songs”, *Reuters World News*, 4 November 2016. Available from <http://www.reuters.com/article/us-mideast-crisis-mosul-womenfighters-idUSKBN12Y2DC>. Flora Drury, “Syria’s female tank drivers: battalion of 800 women commandos in fierce clashes with rebels on the front-line in Damascus”, *The Daily Mail*, 15 March 2015. Available from <http://www.dailymail.co.uk/news/article-3011838/Syria-s-female-tank-drivers-Battalion-800-women-commandos-fierce-clashes-rebels-line-Damascus.html>. Israeli Defense Forces, “More female officers in more positions in the IDF”, 30 November 2011. Available from <http://www.idf.il/1086-14000-EN/Dover.aspx>.)

2.2. Impact and barriers to accessing care

Research conducted in a broad range of contexts and regions confirms that the physical, mental, social, and economic impact of sexual violence on men and boys can be devastating, with both short- and long-term effects. Physical consequences include rectal fissures and abscesses, impairment and scarring of the genitals, urinary and bowel incontinence, sexually transmitted infections including HIV, sexual dysfunction, castration, and infertility.⁵⁶ Psychologically, male survivors report grappling with deep shame and guilt. Some survivors struggle with gender identity and sexual orientation given the common myth that male survivors are, or become, gay.⁵⁸ They may experience anxiety and depression, self-harm, suicidal ideation, sleep disorders, anger and aggression, post-traumatic distress disorder, substance abuse, and compulsive sexual behaviour.⁵⁹ Survivors who experience an erection during the attack—not an uncommon physiological response—often experience additional confusion and anxiety as they may mistakenly consider this evidence of sexual excitement and, for heterosexual men, being gay or bisexual.⁶¹ Socially, they may be ridiculed, blamed for the assault, and ostracised; adult men may be abandoned by their wives and families.⁶² Some adult survivors may be unable to physically or psychologically perform their job duties, resulting in termination and increasing their risk of poverty. Boy survivors may leave school, develop behavioural problems, or engage in negative coping strategies, such as substance abuse.⁶³

These and other barriers, including gendered stereotypes and prejudice, homophobia, social taboos, biased legal frameworks, and limited funding thwart men and boys from accessing the services they need. Studies indicate that male survivors struggle to disclose or seek support,⁶⁴ in part due to social constructions of masculinity and its incompatibility with victimisation.⁶⁵ Among survivors of childhood sexual abuse, most male survivors report more than ten years after the assault.⁶⁷ Men and boys may have difficulty articulating their experiences of sexual violence,⁶⁸ due to fears of social stigma and violating masculine norms; they may be unable to conceptualise their experience as sexual violence, which is often socially constructed as

⁵⁶ Pauline Oosterhoff, Prisca Zwanikken and Evert Ketting, “Sexual torture of men in Croatia and other conflict situations: an open secret”, *Reproductive Health Matters*, vol. 12, No. 23 (May 2004), pp. 68-77.

⁵⁷ Eric Stener Carlson, “The hidden prevalence of male sexual assault during war: observations on blunt trauma of the male genitals”, *British Journal of Criminology*, No. 46 (2006), p. 16-25.

⁵⁸ Sarah Solangon and Preeti Patel, “Sexual violence against men in countries affected by armed conflict”, *Conflict, Security & Development*, vol. 12, No. 4 (2012), pp. 417-442.

⁵⁹ Alice Priddy, “Sexual violence against men and boys in armed conflict”, in *The War Report: Armed Conflict in 2013*, Stuart Casey-Maslen, ed. (Oxford, Oxford University Press, 2014), pp. 271-296.

⁶⁰ Studies on adolescent boys have found an association between experiencing rape and substance abuse, violent behavior, stealing and school absenteeism. World Health Organization, *World Report on Violence and Health* (Geneva, 2002), p. 154.

⁶¹ Pauline Oosterhoff, Prisca Zwanikken and Evert Ketting, “Sexual torture of men in Croatia and other conflict situations: an open secret”, *Reproductive Health Matters*, vol. 12, No. 23 (May 2004), pp. 68-77.

⁶² Élise Féron, “Suffering in silence? The silencing of sexual violence against men in war torn countries”, in *World Suffering and Quality of Life*, Ronald Anderson, ed. (Amsterdam, Springer, 2015).

⁶³ Matthew P. Mendel, *The Male Survivor: The Impact of Sexual Abuse*. (Thousand Oaks, USA, Sage Publications, 1994).

⁶⁴ Iness Ba and Rajinder Bhopal, “Physical, mental and social consequences in civilians who have experienced war-related sexual violence: a systematic review (1981–2014)”, *Public Health* (September 2016), pp. 1-15.

⁶⁵ Heleen Touquet and Ellen Gorris, “Out of the shadows? The inclusion of men and boys in conceptualisations of wartime sexual violence”, *Reproductive Health Matters*, vol. 24, No. 47 (May 2016), pp. 36-46.

⁶⁶ Sandesh Sivakumaran, “Sexual violence against men in armed conflict”, *European Journal of International Law*, vol. 18, No. 2 (2007), pp. 253-276.

⁶⁷ Marije Stoltenborgh and others, “A global perspective on child sexual abuse: meta-analysis of prevalence around the world”, *Child Maltreatment*, vol. 16, No. 2 (2011), pp. 79-101.

⁶⁸ Michael Peel and others, “The sexual abuse of men in detention in Sri Lanka”, *The Lancet*, vol. 355, No. 9220 (2000), pp. 2069–70.

a “woman’s issue”.^{69 70 71} They may worry about being labelled gay or bisexual.⁷² Instead, they may describe their experiences as torture or abuse.⁷³ Adolescent boys—struggling with masculinity and identity—may be particularly reluctant to report sexual victimisation.⁷⁴ Younger boys may be too young to understand the violence against them or how to seek help.

Service providers and police may not know how to identify signs of sexual violence in males, due to gendered assumptions of women as victims and men as perpetrators.⁷⁵ Some may be hostile, profess disbelief, or dismiss male victims outright.⁷⁶ If they do screen for sexual violence, they may be attuned to anal rape rather than other forms of sexual violence.^{77 78} Some male survivors require specialised services, such as reparative surgery or soft foods and diapers, which may be expensive or unavailable.⁷⁹ Legal barriers are also significant: as of 2014, national laws worldwide deny 90 per cent of men in conflict-affected countries legal recourse if they become a victim of sexual violence; 70 countries criminalise men who report sexual victimisation due to homophobic policies.⁸⁰ Targeted funding for male survivors is scarce. This constellation of factors operates together to undermine male survivors’ access to the services they need.

Insights from MSF

Analysis of MSF data on the provision of sexual violence-related services in six African countries from 2011 to 2016 found that integrating SVM-related services into maternal and child health (MCH) care as well as dedicated sexual violence specific programmes (which require disclosure of sexual violence for admission) may impede male survivors from accessing care: the proportion of male survivors was %2 in MCH associated programmes and %7 in dedicated sexual violence specific programmes, whereas males comprised %17 of survivors in general care for violence and/or mental health services.

Source: Marwa Mahmoud Ramadan, *Too Many Barriers: Associations Between the Setup of Sexual Violence Care Programmes and Access for Male Victims* (MSF Scientific Days 2017 - Medical Research, London, 20-19 May 2017). Available from: https://www.msf.org.uk/sites/uk/files/9_id72_final.docx (summary) and <https://f1000research.com/slides/715-6> (slides) (accessed 19 May 2017).

⁶⁹ Harry Apperley (2015) Hidden victims: a call to action on sexual violence against men in conflict, *Medicine, Conflict and Survival*, 31:2, 92-99.

⁷⁰ Sandesh Sivakumaran, “Sexual violence against men in armed conflict”, *European Journal of International Law*, vol. 18, No. 2 (2007), pp. 253-276.

⁷¹ Élise Féron, “Suffering in silence? The silencing of sexual violence against men in war torn countries”, in *World Suffering and Quality of Life*, Ronald Anderson, ed. (Amsterdam, Springer, 2015).

⁷² Monica A. Onyango and Karen Hampanda, “Social constructions of masculinity and male survivors of wartime sexual violence: an analytical review”, *International Journal of Sexual Health*, vol. 23, No. 4 (2011), pp. 237-247.

⁷³ Pauline Oosterhoff, Prisca Zwanikken and Evert Ketting, “Sexual torture of men in Croatia and other conflict situations: an open secret”, *Reproductive Health Matters*, vol. 12, No. 23 (May 2004), pp. 68-77.

⁷⁴ Bill Watkins and Arnon Bentovim, “The sexual abuse of male children and adolescents: a review of current research”, *Journal of Child Psychology and Psychiatry*, vol. 33, No. 1 (1992), pp. 197-248.

⁷⁵ Kristine Chapleau, Debra Oswald and Brenda Russell, “Male rape myths: the role of gender, violence, and sexism”, *Journal of Interpersonal Violence*, vol. 23, No. 5 (May 2008).

⁷⁶ Pauline Oosterhoff, Prisca Zwanikken and Evert Ketting, “Sexual torture of men in Croatia and other conflict situations: an open secret”, *Reproductive Health Matters*, vol. 12, No. 23 (May 2004), pp. 68-77.

⁷⁷ Eric Stener Carlson, “The hidden prevalence of male sexual assault during war: observations on blunt trauma of the male genitals”, *British Journal of Criminology*, No. 46 (2006), p. 16-25.

⁷⁸ Henry van Tienhoven, “Sexual torture of male victims”, *Torture*, vol. 3, No. 4 (1993), p. 133-135.

⁷⁹ Women’s Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence - Men and Boys, Including Male Survivors* (February 2016).

⁸⁰ Chris Dolan, “Into the mainstream: Addressing sexual violence against men and boys in conflict”, briefing paper prepared for the workshop held at the Overseas Development Institute, London, 2014.

⁸¹ Report of Workshop on Sexual Violence against Men and Boys in Conflict Situations, New York, 25-26 July 2013 (United Nations publication).

3. METHODS

This study examined refugee men and boys' experiences of sexual violence in the Syria crisis during all phases of displacement and their access to services in countries of asylum. The research was exploratory in its approach and aimed to shed light on the under-investigated area of SVM related to the Syrian conflict; it was not designed as an assessment or a prevalence study.

The purpose of the study is to inform UNHCR and other humanitarian actors' sexual violence prevention and response programming to assist in strengthening interventions for men and boys.

Objectives

The objectives of this study were to:

- Document refugee men and boys' experience of sexual violence in the various stages and locations of displacement;
- Understand the needs of male survivors, their families, and their communities in order to effectively cope with and recover from the effect(s);
- Investigate the availability of cross-sectoral services for male survivors and their families as well as barriers and enablers to accessing services;
- Learn more about existing sexual violence-related prevention mechanisms for men and boys in countries of asylum and identify gaps.

Study sites

The study sites were Jordan, Kurdistan Region of Iraq (KRI), and Lebanon as they are among five countries that bear the brunt of the Syrian refugee crisis.⁸²

Methods

Five key methods of data collection were employed. In-country data collection was conducted from 9 to 28 October 2016.

⁸² The other two countries are Turkey and Egypt.

Country Contexts: Jordan, KRI, Lebanon

As of December 2016, almost 230,000 registered Syrian refugees reside in KRI, approximately 655,000 in Jordan, and around one million in Lebanon. They continue to face grinding challenges, including limited livelihood and education opportunities as well as racism and public harassment. Refugees throughout the region are being pushed deeper into poverty as their savings become depleted: 93 per cent of registered Syrian refugees residing outside of camps in Jordan and more than 70 per cent of refugee households in Lebanon live below the national poverty line; in Iraq, 37 per cent live below the poverty line. In addition, more than 110,000 Palestine refugees from Syria (PRS) have fled the conflict, and are confronted with a variety of protection risks such as refoulement, in part due to their irregular status as “double refugees.”

The Regional Refugee and Resilience Plan (3RP) has made important gains in coordinating a coherent regional response to the Syria crisis. However, needs have outstripped funding with only 56 per cent of the total \$4.54 billion appeal by the 3RP funded as of September 2016. The protection sector is underfunded by 52 per cent, compromising the delivery of key services including SGBV programmes. In addition to being unable to sufficiently meet refugees’ basic needs, the lack of funding has long-ranging consequences as well: a UNDP assessment of violence in Iraq found that underserved communities were eight times more likely to engage in violence or violent behavior than those who were economically resilient.

United Nations High Commissioner for Refugees, 3RP Regional Refugee and Resilience Plan 2017-2018 in Response to the Syria Crisis: Regional Strategic Overview (December 2016).

• Document review

A literature review on SVM in conflict settings was undertaken, with a particular focus on the MENA region. Documents included published research, grey literature including external and internal UN and NGO documents, and GBV IMS data and reports. Databases included PubMed, ProQuest, Medline, POPLINE, among others, supplemented with Web-based searches.

• Key informant interviews (KIIs)

Interviews were held with 73 key informants representing 34 agencies, including 14 national and local NGOs, 11 international NGOs, four UN agencies, three government agencies, and two donors. Informants included:

- o Leads and selected members of the SGBV, Child Protection and Reproductive Health Sub-Working Groups and the Health, Protection and Mental Health and Psychosocial Support (MHPSS) Working Groups;
- o Frontline humanitarian staff, including registration staff, health providers, social workers, and case managers;
- o Representatives from other international, national, and local agencies working in the fields of SGBV, MHPSS, health, and protection, as well as with LGBTI persons and torture survivors.

Key informants were purposively selected based on their roles (e.g., heads of relevant working groups, LGBTI focal points, frontline staff) and participation in respective inter-agency coordination mechanisms. Chain referral sampling, in which purposively selected informants refer other potential study participants, was also used to identify key informants. Key informants quoted in this report were given generic professional titles to protect their identity.

Two additional KIIs were held with male survivors of sexual violence who spontaneously disclosed during focus group discussions; both were referred for care. A UNHCR SGBV focal point and an NGO social worker, respectively, translated the two survivor KIIs. During a focus group discussion with seven LGBTI refugees, all participants spontaneously disclosed experiences of sexual violence. Several other men and boys alluded to suffering sexual violence but did not directly disclose.

• Focus group discussions (FGDs)

Focus group discussions were conducted to gather data on community knowledge, attitudes, and behaviours related to SVM, explore second- and third-hand accounts of SVM, and brainstorm suggestions for possible intervention strategies. Twenty-one FGDs were held with 196 refugees (Table 1), including adolescent boys and girls aged 14 to 17, young men aged 18 to 24, and men and women aged 24 and above. Focus group discussion participants were convened by field staff from INTERSOS, QANDIL, UNHCR, and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). All FGD participants were Syrian refugees with two exceptions: the camp-based FGDs in Lebanon included Palestine refugees from Syria (PRS), all of whom had been born in Syria and had fled to Lebanon as a result of the Syrian civil war. Four of the seven participants in the LGBTI FGD were non-Syrian refugees from other countries in the region; the remaining three were from Syria. Given the difficulties in identifying and speaking with LGBTI refugees, and the commonalities of LGBTI refugees' experiences in the region, the non-Syrian refugees' input was included in the results. The LGBTI FGD consisted of two gay men, three transgender women, and two transgender men.

Focus group discussions were conducted in Arabic, Kurdish, and Kurmanji with simultaneous translation into English. UNHCR interpreters, UNHCR SGBV focal points, and INTERSOS and QANDIL social workers conducted the translation.

	Jordan	KRI	Lebanon	Undisclosed	TOTAL
Camp-based	Za'atari Camp	Qushtapa Camp	El Buss PRS Camp		
Boys (14-17)	9	9	8*		26
Girls (14-17)	9	11			20
Young men (18-24)	9		7*		16
Men (24+)		8	11*		19
Women (18+)	9	10	7*		26
Urban & Peri-urban	Amman	Erbil	Beirut, Chouf, Aley		
Boys (14-17)		6	13		19
Men (24+)	14	10			24
Women (18+)	13	10	9		32
LGBTI (18+)				7**	7
Host		Erbil			
Men (24+)		7			7
TOTAL	63	71	62		196

*Participants included PRS and Syrians

**Participants included four non-Syrian refugees from the region. Due to sensitivities related to LGBTI issues, the location of the LGBTI FGD is withheld.

• Group discussion

One group discussion on male survivors of sexual violence was held with approximately 25 MHPSS Working Group members in Jordan.

• Survey

An online survey was sent to key informants before in-country data collection to familiarise informants with the study and gain initial insights into attitudes and service availability. Of the 73 key informants, 33 completed the online survey. The survey respondents were fairly evenly distributed across the settings: 12 from Jordan, 11 from KRI, and 10 from Lebanon. Eleven respondents worked with the UN, eight with an international NGO, seven with a national or local NGO, four with UNFPA, and one with UNICEF, a donor agency, and an unidentified UN agency, generally reflecting the overall make-up of key informants. However, due to the low response rate, survey findings must be interpreted cautiously.

Data analysis

Interview notes were typed in Word and transferred to Excel for analysis. Thematic analysis⁸³ was used to identify, sort, and compare themes that emerge from the data. The survey was created and analysed using Google Forms.

Ethical considerations

Informed consent was verbally obtained from all informants and focus group participants. WHO's (2007) Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies guided the data collection process.

3.1. Limitations

Researching and documenting sexual violence in humanitarian settings poses numerous challenges given the sensitivity of the issue, the stigma attached to it, and the vulnerability of survivors. Researching sexual violence against males in the Syria crisis faced additional challenges, given the deep culture of silence surrounding the issue and the lack of awareness among refugees and some humanitarian staff that men and boys are sexually victimised. In some FGDs, refugees were reluctant to talk about the issue. Yet reticence or even outright denial of SVM should not be interpreted as non-existence of SVM. For example, in an FGD with 15 adolescent boys in Lebanon, none reported hearing of any incidences of sexual exploitation against men and boys. However, after randomly choosing five of these boys to discuss the issue in a smaller group, two of the five disclosed either being directly sexually exploited or having a close friend suffering sexual exploitation. This example spotlights a key tension in undertaking research on this topic: the deep reluctance of many refugees to discuss SVM, due to barriers such as socio-cultural taboos, shame, fear of reprisals, fear of withdrawal of aid, and fear of refoulement.⁸⁴ Indeed, SVM may be occurring even when refugees say it is not.

⁸³ Jennifer Fereday and Eimear Muir-Cochrane, "Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development", *International Journal of Qualitative Methods*, vol. 5, No. 1 (2006), pp. 80-92.

⁸⁴ Refugees in Jordan and Lebanon expressed concern that reporting sexual violence would prompt refoulement by national authorities.



Male survivors (who were receiving care) and LGBTI refugees were difficult to identify and interview. These individuals were either too afraid to participate in the research for fears of being outed to their community as sexual violence survivors and/or LGBTI, or known cases had already been resettled. Focus group participants' perceptions of the researcher, as a foreigner and an "outsider", as well as the translators, as members of the host community and partial "insiders", may have influenced their decision to disclose or withhold information. Other limitations included possible translation error and security challenges that limited mobility in KRI and Lebanon. As noted above, due to low participation in the online survey (33 respondents out of 73 key informants), results should be interpreted cautiously; the results were included in the report because they provide illuminating insights into the knowledge of and attitudes towards SVM of some humanitarian staff.

4. KEY FINDINGS: CHARACTERISTICS OF SEXUAL VIOLENCE AGAINST MALES

Four patterns of SVM were identified from FGDs with refugees and the host community, interviews with male survivors and humanitarian staff, and the review of the literature: 1) conflict-related sexual violence in Syria, 2) sexual violence against LGBTI persons in Syria as well as the countries of asylum, 3) sexual violence against boys in the countries of asylum, and 4) sexual exploitation of boys and men in the countries of asylum. Accounts of other cases of SVM that did not fit these patterns were also reported. Given the myriad barriers to reporting SVM and the limited timeframe of this study, it is likely that SVM is occurring under multiple circumstances that were not identified in this exploratory research.

4.1. Conflict-related sexual violence in Syria

“When I was in detention in Syria I was tortured in every possible way. We were 80 persons in one cell with no light for 30 days. We were all naked. At night, they hung us from our hands – they tortured us with electricity to the genitals. They put a stick inside of me... They would come into the cell to violate us, but it was dark - we couldn't see them. All we could hear were people saying, ‘Stop! Don't! My [anus] is bleeding’... I thought we would die.” –Tarek, LGBTI FGD, location withheld

Researchers observe that sexual violence against both males and females was present in Syria prior to the conflict as a form of persecution and political violence.⁸⁵ According to the Independent International Commission of Inquiry, the use of sexual violence began early in the current conflict, particularly in detention centres, in the form of sexual torture.⁸⁶ As the war continued, the number of parties to conflict increased significantly: opposition groups fragmented, and regional and global actors supported a variety of local factions to promote their geopolitical interests. A range of armed groups have reportedly perpetrated SVM, as documented by the Independent International Commission of Inquiry,⁸⁷ Amnesty International,⁸⁸ ⁸⁹and Human Rights Watch.⁹⁰ ⁹¹ ⁹²Civilian men of fighting age are reportedly the primary civilian victims of torture and enforced disappearance.⁹³

Undertaking research on sexual violence in an active conflict is highly challenging. One group of researchers from Women Under Siege, Columbia University, and the Syrian-American Medical Society used crowd mapping from sources such as the UN, Human Rights Watch, and the BBC to gather data on sexualised violence in Syria from March 2011 to 2013. Of the 226 cases identified, approximately 20 per cent involved attacks on males between the ages of 11 and 56. Almost half of the cases against men report rape, 16 per cent of which

⁸⁵ Ariel I. Ahram, “Sexual violence and the making of ISIS”, *Survival*, vol. 57, No. 3 (2015), pp. 57-78.

⁸⁶ A/HRC/S-17/2/Add.1.

⁸⁷ A/HRC/21/50, paras. 77, 96-102, Annex IX; A/HRC/22/59, section F, Annex VIII, IX; A/HRC/23/58, para. 92; A/HRC/25/65, paras. 62-69; A/HRC/30/48, paras. 72, 95; A/HRC/31/CRP.1, para. 24; A/HRC/33/55, para. 108; S/2014/31, paras. 34-38.

⁸⁸ Amnesty International, ‘I Wanted to Die’: Syria's Torture Survivors Speak Out (London, 2012). Available from <https://www.amnestyusa.org/sites/default/files/mde240162012en.pdf> (accessed 21 December 2016).

⁸⁹ Amnesty International, ‘It Breaks the Human’: Torture, Disease and Death in Syria's Prisons (London, 2016). Available from <http://reliefweb.int/sites/reliefweb.int/files/resources/MDE2445082016ENGLISH.PDF> (accessed 21 December 2016).

⁹⁰ Human Rights Watch, “Syria: sexual assault in detention”, 15 June 2012. Available from <https://www.hrw.org/news/2012/06/15/syria-sexual-assault-detention>.

⁹¹ Human Rights Watch, “Syria: stop torture of children”, 3 February 2012. Available from <https://www.hrw.org/news/2012/02/03/syria-stop-torture-children>.

⁹² Human Rights Watch, *If the Dead Could Speak: Mass Deaths and Torture in Syria's Detention Facilities* (United States of America, 2015). Available from <http://www.alnap.org/resource/21642> (accessed 21 December 2016).

⁹³ A/HRC/30/48.

reportedly involved multiple attackers. This research method has limitations and caution should be exercised in interpreting the data; at the same time, the results align with findings from other investigations⁹⁴ indicating that SVM may be a routine practice by parties to conflict.

In the FGDs for this study, all adult men and most adult women were aware of conflict-related SVM in Syria, and described it as “happening all the time”, “very common”, and “widely happening”. Men noted that SVM had occurred in detention centres before the crisis, but drastically escalated during the war. Some women declined to speak to the issue, while others reported not having heard about it. Many adolescents, particularly girls, had not heard of SVM in Syria, likely due to their age, gender, and length of time in displacement.

One focus group of refugee women in Jordan estimated that **30 to 40 per cent of all adult men in their community had experienced sexual violence while in detention in Syria**. Another focus group of PRS men in Lebanon estimated that up to 5 per cent of the men and boys in their community had experienced sexual violence in Syria.⁹⁵ While discussing ways to support male survivors with a men’s FGD in KRI, participants suggested setting up a men’s centre for survivors; during this conversation, one man remarked, “I spent over a year in detention in Syria. If there was a place to go for people like me, for what I went through, then 75 per cent of the men in the camp would come, surely.” While these figures are clearly not quantitatively derived, they do reflect the perceived magnitude of the violence and may shed light on the possible prevalence.

SGBV in Detention:

94 per cent of detainees and 97 per cent of the disappeared in Syria are male. Refugee women in Jordan estimate that **30 to 40 per cent of all adult men experienced sexual violence in detention in Syria**. 117,000 people remain imprisoned in detention centres and another 65,000 have been forcibly disappeared.

The majority of key informants had heard of cases of SVM in the Syria conflict but were not able to speak to its potential scope. The informants who had previously worked in Syria (4) indicated that conflict-related SVM may be extensive. For example, a former therapist with an international NGO in Syria commented that from 2012 to 2013 SVM was “very very high” in certain areas. He estimated that 10 per cent of men and boys in Homs and Ghouta (near Damascus) and 5 to 6 per cent of men and boys in Deir ez-Zor governorate experienced conflict-related sexual violence. Informants working with torture survivors across the three countries confirmed that many of their male clients from Syria had suffered sexual torture. Torture is designed to degrade, humiliate, and inflict severe psychological pain that deeply disturbs the sense of self. Taboos are specifically targeted by abusers to torment victims. Given the deep sexual, religious, and social taboos against same-sex sexual activity in Syria, and the conflation of male on male sexual violence with being gay or bisexual, the use of SVM in the Syria conflict “is not exceptional and should be expected”, according to a psychotherapist in Jordan.

⁹⁴ A/HRC/21/50, paras. 77, 96-102, Annex IX; A/HRC/22/59, section F, Annex VIII, IX; A/HRC/23/58, para. 92; A/HRC/25/65, paras. 62-69; A/HRC/30/48, paras. 72, 95; A/HRC/31/CRP1, para. 24; A/HRC/33/55, para. 108; S/2014/31, paras. 34-38.

⁹⁵ Given the sensitivity of the question, only two focus groups—which were open and comfortable speaking to the issue—were asked to estimate the burden of conflict-related SVM

The forms of SVM in Syria described by refugees, mental health professionals, health providers, and case managers aligned with the testimonies recorded by the Independent International Commission of Inquiry and other investigative bodies.⁹⁶ Reported forms of SVM included electric shocks to and beatings of the genitals particularly while in a stress position, rape including gang rape and rape with objects such as sticks, coke bottles, hoses, drills, and metals skewers, forced sex with family members, cigarette burns to the genitals and anus, tying of the genitals, injury to and mutilation of the penis and testes, and castration (resulting in death). One person reported the shooting of male detainees' genitals at point blank range. The Independent International Commission of Inquiry has documented cases of snipers targeting men's groin area.⁹⁷

“One of my uncles in Syria was arrested. A few months after he was released from detention, he told us – he broke down, crying in front of us – that there was not one spot on his body that had not been abused by an electric drill. He had been raped, they had put the drill in his anus. They tied his penis with a thin nylon string – they tied it hard for three days until it almost exploded. **After he was released he stopped eating and became alcoholic. He died from kidney failure.**”

–Ahmed, Young Men's FGD, Jordan

Although the National Coalition of Syrian Revolution and Opposition Forces and the Free Syrian Army committed to eliminating conflict-related sexual violence in 2014,⁹⁸ refugees reported that “all sides” perpetrated SVM.

“**I've heard many reports of Daesh [ISIL] abusing both males and females** - forcing men into homosexual acts. Their idea is, in armed conflict, anything is ok, even gay sex, because this is a war.”

–SGBV Officer, KRI

Detention centres

Refugees and key informants working with male survivors stated that SVM frequently occurred in official and makeshift detention centres and prisons. The majority of male and female adult (18+) refugees reported either being personally detained or having had an immediate family member detained. Loreen, who lives in Jordan, commented that, “I cannot think of any family who doesn't have someone who was arrested.” According to a 2015 human rights report, approximately **117,000 people remain imprisoned in detention centres and another 65,000 have been forcibly disappeared.⁹⁹ An estimated 94 per cent of detainees¹⁰⁰ and 97 per cent of the disappeared¹⁰¹ are male.**

Although refugees primarily described the arrest and detention of adult men and older adolescents, they reported the detainment of younger boys and elderly men as well. Noha, a PRS woman in Lebanon, sorrowfully recalled: “I had my brother's son, he was 10 years old. We were at a checkpoint and he was playing with his phone. This soldier was annoyed and took him and we never saw him again. He took him from my hands – I was begging them, please please no – but he started threatening to detain me too. I don't know what's happened to him. It's been five years.” Adham, a middle-aged man in Jordan, recounted how his 86-year-old uncle had been detained and tortured.

⁹⁶ A/HRC/21/50, paras. 77, 96-102, Annex IX; A/HRC/22/59, section F, Annex VIII, IX; A/HRC/23/58, para. 92; A/HRC/25/65, paras. 62-69; A/HRC/30/48, paras. 72, 95; A/HRC/31/CRP1, para. 24; A/HRC/33/55, para. 108; S/2014/31, paras. 34-38.

⁹⁷ A/HRC/25/65, para. 68.

⁹⁸ S/2015/203.

⁹⁹ Euro-Med Monitor for Human Rights & the Syrian Network for Human Rights, Forced Disappearance in Syria: Gone Without a Trace (August 2015).

¹⁰⁰ Syrian Network for Human Rights, Sexual Abuse: 'A Scar of a Lifetime' - Rape in Syrian Security Branches: Seven Raped Women in Hama Security Branch (July 2015).

¹⁰¹ Euro-Med Monitor for Human Rights & the Syrian Network for Human Rights, Forced Disappearance in Syria: Gone Without a Trace (August 2015).

“Two of my friends were arrested and sent to a detention centre. They put electrodes on their genitals – they were electrified – and they put a stick in their [anus]. They told me about this. **Afterwards, they cannot live their life normally, their level of hatred increased.** One had psychological issues but he is better now. He used to be here in the camp. The other is dead.” -Mustafa, Young Men’s FGD, Jordan

Farid, a PRS living in Lebanon, noted the sexual violence appeared to be strategic: **“I think it is systematic in detention.** I think they had some guidance on this – it happened to too many in the same way, it is too normalised.” This was echoed by informants working with torture survivors. A frontline case worker in Jordan commented, “From what we hear, it [sexual violence in detention] sounds structured. Most people go through the same method, the same experience – blind-folded, moving them around [to other detention centres], insults and humiliation, **being tied up in the dark and people coming in to rape them but they can’t see who it is.**” A report by the Independent International Commission of Inquiry alleges that men and boys have suffered systematic sexual torture in detention centres in Damascus, Homs, and Aleppo.¹⁰²

Although arrest and detention due to imputed political affiliation of the detainee or his family were reportedly commonplace, many refugees also described indiscriminate, impulsive, or erroneous arrests. One woman recounted the arrest and sexual torture of a man who was mistaken for someone with a similar name: “Now he has issues with mental health; he is nervous and paranoid. When they let him go, all they said was, ‘Sorry, we got the names confused.’”

“My uncle’s son – he was in grade 10 – he was taken. He was in a bakery buying bread and [Daesh] came and took everyone in the bakery. **All were detained, all were [sexually] abused. We don’t know why.**” –Adel, Young Men’s FGD, Lebanon

Homes and checkpoints

In addition to detention centres, reported sites of SVM included homes during raids, checkpoints, as well as during arrest and flight. Kamar, a Syrian woman residing in Za’atari Camp in Jordan, described a home raid carried out by both men and women: “They [men and women] raided a house in my neighbourhood, and they raped everyone in the house – both men and ladies.” She did not know whether the armed women actively participated in the sexual violence. Some key informants shared similar accounts of entire families being raped. Other refugees reported that, during some home raids, husbands and wives were forced to have sex with another.

Public spaces

According to refugees and key informants, armed groups have purportedly publically used SVM to terrorise and subjugate civilians and suspected opposition members. This sexual violence was reportedly frequently carried out with the use of hard objects used to anally rape men and boys. One key informant who had previously worked in Syria recounted that, in Deir ez-Zor governorate in June 2012, an outspoken community leader was arrested and taken to a nearby house where other arrested members of the community were being held. According to the informant, he was severely beaten and raped with a short hose used for washing dishes in front of the others. He was reportedly released after a few days and later left his community after being unable to cope with the shame and social stigma.

¹⁰² A/HRC/25/65, para. 65.

“I saw with my own eyes during raids in my neighbourhood – I saw the young men on the street being beaten on genitals, on sensitive spots of body, with stick and bars. **I saw this from my window.**”
–Mohammed, Men’s FGD, Jordan

Some refugees reported that the fear of sexual violence—against both males and females—was a motivating factor to leave Syria.

4.2. Sexual violence against LGBTI persons in Syria and in displacement

“I was taking a taxi and the driver took me to a checkpoint. This military guy, he put a knife to my waist. He looked at the photos on my phone and saw that I was gay. He said, ‘Why don’t you have any pictures of girls?’ **He threatened to take a photo of me and tell [the police] that I was with ISIS. Then he used me sexually at the checkpoint.**”

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals have been reportedly targeted for sexual and physical violence and abuse in Syria and in displacement as refugees.^{103 104 105 106} According to human rights organisations and the Independent International Commission of Inquiry, some armed groups have engaged in horrific campaigns against suspected LGBTI persons in Syria, including torture, stoning, beheading, and burning people alive.^{107 108} In countries of asylum, LGBTI persons face a double stigma as refugees and persons with a non-conforming sexual orientation and/or gender identity.^{109 110} Legal protections for LGBTI persons against hate crimes, discrimination, harassment, or violence are limited, and though same-sex sexual relationships are in principle decriminalised in the three countries, LGBTI persons may still be persecuted under laws addressing “public morality” or “unnatural practices”. Despite a well-established LGBTI rights movement in Lebanon as well as a growing tolerance among certain groups in Jordan, same-sex sexual relationships remain taboo in the three countries.

Across settings, refugees and informants described sexual violence and exploitation—as well as physical violence and verbal harassment—against LGBTI refugees as a daily threat. In an FGD with seven LGBTI refugees, all participants had experienced sexual violence multiple times in their lives. Six out of seven participants had experienced sexual violence in their country of asylum.¹¹¹ Four of the seven had been in detention in Syria or Iraq, and all four had experienced sexual violence while detained. Mazen, a young transgender man, explained, “There’s no one [in the LGBTI refugee community] that didn’t go through sexual violence. It’s something that happens to everyone, to all of us.”

¹⁰³ Graeme Reid, “The Double Threat for Gay Men in Syria”, Human Rights Watch, 28 April 2014. Available from <https://www.hrw.org/news/2014/04/28/double-threat-gay-men-syria>.

¹⁰⁴ A/HRC/25/65, para. 67.

¹⁰⁵ S/2016/361, para. 69.

¹⁰⁶ Henri Myrntinen, Lana Khattab and Charbel Maydaa, “‘Trust no one, beware of everyone’: vulnerabilities of LGBTI refugees in Lebanon”, in *A Gendered Approach to the Syrian Refugee Crisis*, by Jane Freedman, Zeynep Kivilcim and Nurcan Özgür Baklacioğlu, eds. (New York, Routledge, 2017).

¹⁰⁷ Human Rights Campaign, *Helping LGBTQ Refugees and Asylum Seekers in the Age of ISIL* (July 2016). Available from http://dcrally4refugees.org/PDFs/lgbtq_refugees_whitepaper.pdf (accessed 21 December 2016).

¹⁰⁸ A/HRC/30/48.

¹⁰⁹ Heartland Alliance International, *No Place for People Like You: An Analysis of the Needs, Vulnerabilities, and Experiences of LGBT Syrian Refugees in Lebanon* (December 2014). Available from https://www.heartlandalliance.org/wp-content/uploads/sites/13/2016/02/no-place-for-people-like-you_hai_2014.pdf (accessed 21 December 2016).

¹¹⁰ Henri Myrntinen, Lana Khattab and Charbel Maydaa, “‘Trust no one, beware of everyone’: vulnerabilities of LGBTI refugees in Lebanon”, in *A Gendered Approach to the Syrian Refugee Crisis*, by Jane Freedman, Zeynep Kivilcim and Nurcan Özgür Baklacioğlu, eds. (New York, Routledge, 2017).

¹¹¹ Note that the seventh person had arrived in country just 16 days prior.

A survey in Lebanon found that **70 per cent of LGBTI refugees had fled Syria due to an increase in attacks on LGBTI persons as result of the conflict**

Informants and LGBTI refugees reported that the war in Syria exacerbated violence against individuals with non-conforming sexual orientations and/or gender identities. A protection officer in Jordan commented, “The war made things worse for LGBT people in Syria...They are targeted by groups like ISIS and Al-Nusra - first they sleep with them and then they punish them.” Similarly, a 2014 study of 60 LGBTI Syrian refugees in Lebanon found that **70 per cent fled Syria due to an increase in attacks on LGBTI persons as result of the conflict**; more than half experienced sexual abuse in Syria, although it is unclear whether this abuse was specifically conflict-related.¹¹²

“I was working doing make-up in Syria. Then the war started and I lost 11 family members. Now it’s just me and my sister. Before I came to Lebanon, **the Free [Syrian] Army came to my village, and because I look very soft and do make-up, they arrested me.** I was raped in the detention centre.”
–Mounir, 29, Lebanon

In the countries of asylum, LGBTI persons continue to experience sexual violence and exploitation from a multitude of perpetrators. LGBTI refugees disclosed first-hand accounts of rape, kidnapping and sexual assault, forced oral sex, sexual exploitation, beating of the genitals, and threats of rape by police and armed forces, other refugees, taxi drivers, neighbours, roommates, and landlords. They expressed living in ongoing fear of sexual violence and a sense of helplessness at their lack of protection and recourse.

“Wherever we [LGBTI] go, we are chased, kicked out. I keep moving, but people keep chasing me, harassing me. I have to listen and shut up about the harassment. I was kidnapped last year in July and they [sexually] abused me. I went to the police and complained – but [the perpetrators] are known criminals, so the police can’t do anything.”
-Riad, LGBTI FGD, location withheld

Informants working with the LGBTI refugees said they were targeted because of their vulnerability as refugees and persons with a non-conforming sexual orientation and/or gender identity. LGBTI refugees are sexually preyed upon because of their limited legal protections, stigmatised social status, and poor access to community-based protection structures. The director of an agency in KRI mentions how this climate of impunity creates opportunities for sexual violence perpetration: “There is the double stigma of being gay and refugee – it’s a motivating factor for the perpetrator. There is no one to protect them, and the perpetrators know this.”

“We hear a lot [from LGBTI refugees], ‘I went in a taxi, he took me on a different route, and then he raped me.’ Or ‘My roommate or landlord took advantage of me’ - he raped them. Gay men are more vulnerable... [the perpetrator] thinks, **He is gay and Syrian - he has no power – no one will protect this person, period.**”
–Protection Officer, Jordan

“It’s hard for people like me [a transgender man]...I have asthma. I keep passing out. Having this is hard

¹¹² Heartland Alliance International, No Place for People Like You: An Analysis of the Needs, Vulnerabilities, and Experiences of LGBT Syrian Refugees in Lebanon (December 2014). Available from https://www.heartlandalliance.org/wp-content/uploads/sites/13/2016/02/no-place-for-people-like-you_hai_2014.pdf (accessed 21 December 2016).

[because] I don't know when I'm going to pass out. It's dangerous. Some people have tried to rape me. But I survived. **This time I survived, next time I don't know.**"

–Aras, LGBTI FGD, location withheld

LGBTI refugees struggle with housing insecurity, which increases their vulnerability to sexual violence. Many LGBTI persons live on their own, without families, and the cash assistance provided by humanitarian agencies is insufficient to cover the rent of a single apartment as well as basic needs. Landlords often refuse to rent to LGBTI persons, or may exploit or abuse them. Multiple LGBTI persons living in the same apartment increases their visibility and thus their vulnerability; non-LGBTI roommates may put them at direct risk. Some refugees reported engaging in survival sex in order to pay rent, increasing their risk of sexual violence and exploitation. One transgender man reported moving four times to escape harassment from his landlords. He now lives with a sex worker, which he worries will put him additional risk.

"I have moved six times...we [LGBTI refugees] are constantly under threat. I was kicked out of my house because I was seeing an old man in exchange for housing. In my place now, I am really scared. I get verbal abuses, I'm scared my landlord and neighbours will beat me, and I only go out at certain times. I'm really afraid of being raped."

–Amin, LGBTI FGD, location withheld

Checkpoints can be high-risk sites for LGBTI refugees. In some settings, taxi drivers regularly drive refugees through unnecessary checkpoints as a way to harass them. Among the seven LGBTI focus group participants, six had been detained at a checkpoint. Four of the six experienced sexual violence at the checkpoint: one participant reported being raped, two reported having their genitalia beaten, and Farida, a transgender woman, shared that she had been handcuffed to a seat, after which armed men attempted to rape her.

"Going to [this country] was hard. There's no respect for Syrians. I was going to an interview with UNHCR, and the driver took us to a checkpoint instead. **It's the same here as in Syria, just no bombing.**"

–Riad, LGBTI FGD, location withheld

LGBTI refugees in Lebanon are particularly vulnerable to sexual violence and exploitation given their precarious legal situation. Refugees in Lebanon without residency permits face risks of arrest and detention. Salah, a gay Syrian refugee in Lebanon, disclosed: "Because I'm without a work permit, I do massage, and they use me. If I don't have sex without a condom, they don't pay. And so I've been raped and sexually abused many times." He went on to describe how gay and bisexual men in Lebanon were being exploited on Grindr, a geosocial networking app for gay and bisexual men: "Some Lebanese people will go on Grindr and then say, 'If you don't come and have sex with me, I will report you to the police.'"

4.3. Sexual violence against boys in countries of asylum

“If we go out alone at night, we might be attacked by older boys – on the edges of the camp, not inside. You have to submit. They come in groups – they attack in groups – it looks like one person is walking, but after he catches you, then the others come out.”

–Qasim, Adolescent Boys’ FGD, Jordan

Despite the relative safety in the countries of asylum, refugee boys’ vulnerability to sexual violence continues¹¹³

In Jordan, a 2013 survey of 613 Syrian refugees found that refugees perceived boys more at risk for sexual violence than girls.¹¹⁴ For

this study, some refugees echoed the latter sentiment, highlighting that boys are more vulnerable to sexual violence because “there is no issue with virginity, like with girls.” A woman or girl’s virginity, embodied

in the hymen, is regarded as an important threshold; the community may perceive the rape of a boy as less reputationally harmful than that of a girl. Other refugees commented that, whereas parents tend to restrict girls’ movements,¹¹⁵ boys are allowed more engagement with the public space, thereby increasing access to potential predators in the refugee and host communities. Some adult male refugees cited lack of sexual and reproductive health knowledge as an enabling factor: boys have little knowledge of sexuality and their own bodies, including what constitutes appropriate and inappropriate touching.

In Lebanon, a 2013 rapid assessment of 520 Syrian and PRS male youth and boys (age 12-24) revealed that **10.8 per cent had experienced an incident of sexual harm or harassment in the previous three months.** Of these, **54.2 per cent experienced attempted sexual harm or harassment through physical contact, 24 per cent experienced verbal sexual harm or harassment, and 10.4 per cent experienced sexual harm or harassment** through being exposed to pornography on a computer, phone, or magazine.



¹¹³ Research Center at La Sagesse University & ABAAD, Assessment of the Impact of GBV on Male Youth and Boys Among Syria and Palestine Refugees from Syria in Lebanon (unpublished, November 2013), p. 19.

¹¹⁴ United Nations Entity for Gender Equality and the Empowerment of Women, Inter-agency Assessment: Gender-based Violence and Child Protection among Syrian Refugees in Jordan with a Focus on Early Marriage (Amman, Jordan, July 2013).

¹¹⁵ Isolation of girls, which may be intended as protective in nature, may increase their vulnerability to forms of SGBV, such as domestic violence and sexual exploitation, and limits their access to social, economic, and material support.

Across the three settings, key informants, particularly those working in child protection and SGBV, reported hearing about or directly managing cases of sexual violence against younger boys often by older boys in the community. Cases of rape by refugee and host community men were also reported. Although informants frequently cited only a handful of cases, they emphasised that sexual violence against boys was under-reported. For example, an SGBV officer in KRI commented, “In Duhok, we see sexual abuse of boys by other Syrian boys. We also had one rape of a boy by two older men, and one gang rape of a 14-year-old boy. Some other NGOs have cases of male survivors, but there is lack of awareness in the community and nobody reports – the main problem is that it’s under-reported.” A child protection officer in Jordan noted that, in his experience, families come forward in situations of ongoing sexual abuse of a boy, rather than a one-off assault.

Sexual violence against boys is a deeply sensitive issue. Focus group discussions on this topic varied widely, with women and adolescent boys most aware of and open to discussing it. Women in a FGD in KRI were particularly distressed and concerned, with one participant emphasising that “rape [of younger boys] is happening on a daily basis.” They described the rape of

Violence and threats of violence, including sexual violence, in schools are a major barrier to education. In one country, UNICEF estimates that **1,600 non-camp Syrian children dropped out of school in 2016 due to bullying.**

a 10-year-old boy by a 17-year-old boy from the community, which had occurred two days prior, as well as the recent rape of a six-year-old boy by his adult neighbour. In Za’atari camp in Jordan, adolescent boys described six different sexual attacks on boys that had occurred in and around their camp by older refugee boys and men as well as Jordanian men. Sites for sexual violence include empty or uncompleted buildings, bathrooms, on camp peripheries, as well as the caravans or homes of both victims and perpetrators. Perpetrators include older boys and men from the refugee and host communities as well as male family members. Refugees commonly cited multiple perpetrators in their accounts of sexual violence against boys.

In both camp and non-camp settings across the three countries, some older boys and men lure younger boys to basements, empty structures, or the perpetrator’s home with promises of candy, food, or money. Anjy, a teenage girl in KRI, recalled: “There was an adolescent boy who took a 7-year old-boy to buy him chips from the store. But he took him and raped him instead.” Perpetrators also bait potential victims by showing them brief pornographic videos on their phones and then cajole them to a secluded place with the promise of watching more.

Sexual violence against boys was reported in schools, primarily by older boy perpetrators. Bullying and violence toward Syrian students has been documented across all settings,¹¹⁶ with UNICEF estimating that almost **1,600 non-camp Syrian children dropped out of school in Jordan in 2016 due to bullying.**¹¹⁷ Informants and refugee parents and adolescents across the three settings highlighted that boys faced a myriad of bullying and violence in schools, including sexual violence. A legal aid officer in Jordan commented, “**The mother will come to us and at first she will describe it as ‘bullying’, but later we find out it was a sexual act** – rape, poking with a stick, taking a photo. It is effective, because that is how you shame a boy.”

¹¹⁶ Hashem Ahmadzadeh and others, Ensuring Quality Education for Young Refugees from Syria (12-25 years) (Oxford, Refugee Studies Centre, University of Oxford, September 2014). Available from <http://reliefweb.int/sites/reliefweb.int/files/resources/rr-syria-youth-education-2014.pdf> (accessed 21 December 2016).

¹¹⁷ United Nations Children Fund, Running on Empty: The Situation of Syrian Children in Host Communities in Jordan (Amman, Jordan, July 2016). Available from http://www.unicef.org/jordan/Running_on_Empty2.pdf (accessed 21 December 2016).

Amal, a mother in Jordan, was distressed: “Sometimes my own son doesn’t dare to go to the bathroom in the school, because the older boys are there to abuse them. He has to wait to go to the bathroom until he goes back home – he holds his urine.” Other women residing in the host community in Jordan shared that they refused to send their sons to school for fear of violence and abuse. Many expressed helplessness and frustration at the situation, and informants and parents commented that schools were unable to respond properly to situations of SGBV. An SGBV officer in Lebanon remarked, “What we see reoccurring is children playing out sexual acts - boys on younger boys. There are a lot of reports coming from schools - an older classmate or school boy inappropriately touching another boy in the bathroom. This keeps on being reported. **The school has difficulty responding as the school itself will take on role of investigation. They put a lid on things here that are super sensitive, and they might do more harm than good.**”

“My son, he took an excuse to go to bathroom in school, and there was an older grade 9 boy - he was grabbing and abusing another boy, a younger boy. My son couldn’t go back to the classroom, he ran home. He doesn’t dare go back to school now. To whom we can talk? We can talk to no one about this.”

–Noura, Women’s FGD, Jordan

Refugees blamed sexual violence of younger boys by older youth on increased access to online pornography, cramped living quarters in which children acted out sexual relations they witnessed between parents, limited parental oversight due to work, and lack of awareness of boys’ vulnerability to sexual abuse among parents and the broader community. Key informants cited boredom, lack of livelihood opportunities, and frustration as key motivating factors for male youth perpetrators. It was unclear whether boys perpetrating sexual violence had previously suffered sexual victimisation. The factors influencing older boys to perpetrate sexual violence require further investigation. Research from the U.S. has shown that most adolescent perpetrators do not meet the criteria for paedophilia and do not engage in sexual offenses as adults.

4.4. Sexual exploitation of men and boys in countries of asylum

“This [sexual violence] happens to me at work. This is burning in me. I have two jobs, from 8 to 4 and then at 5 I start the other job. I work in construction and I am the main support in the family. It is not well seen if the girls work. I am always worried about money and I cannot spare even 500 pounds [USD .33]...**I am subjected to violence from the son of my boss. It is hard to say this because it hurts a lot. I can’t talk about it because I need to support my family.** There is not enough money to buy bread, and I can’t count on anyone.”

-Ayman, 18, Lebanon

Sexual exploitation refers “to any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.”¹¹⁹ Two primary patterns of sexual exploitation of boys and men were identified across the settings: sexual exploitation in the context of employment and child labour and blackmailing through the use of videos and photos on mobile phones.

¹¹⁸ Susan V. McLeer, and others, “Psychopathology in nonclinically referred sexually abused children”, *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 37 (1998), pp. 1326-1333.

¹¹⁹ Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, (2015), Annex 3.

4.4.1. Sexual exploitation in the context of refugee employment and child labour

Refugee men and boys are vulnerable to sexual exploitation in work settings across the region. With inadequate humanitarian financial support and increasing debt, men and boys face tremendous pressure to provide for their families. Few are able to secure gainful employment due to limited or difficult-to-secure work permits, scarce jobs, and discrimination. They are thus forced to work informally, often under difficult and exploitative conditions. Refugees frequently complained that they were often only paid half of their wages. Sexual exploitation occurred when they requested their full compensation and bosses asked for a “special favour” in return. Employers’ family members or friends sometimes demanded sexual favours as well.

“My friend works with a 60-year-old man who refuses to give him wages until he does a sexual favour. This happens every time he tries to be paid. And my friend cannot leave the job because he needs it for rent and to support his family. He is 30 years old, married and has a family, but he cannot talk to them about this.”

–Ibrahim, Adolescent Boys’ FGD, Lebanon

Deepening poverty is pushing refugee families to enlist their children to work, putting them at risk for sexual exploitation. As of 2014 in KRI, almost 77 per cent of Syrian refugee children worked to support their families.¹²⁰ In Jordan, 60 per cent of Syrian families residing in host communities reported relying on income earned by children,¹²¹ and in Lebanon, 12 per

The overwhelming majority of Syrian refugees engaged in child labour are boys – a situation that vastly increases the risk of sexual violence, exploitation and abuse.

With 70 per cent of Syrian households in Lebanon and 93 per cent of registered Syrian refugees in urban areas in Jordan living below the national poverty line, boys and young men expressed being under tremendous pressure for their families to provide.

cent of Syrian households reported turning to child labour as coping strategy.¹²² Boys comprise the large majority of paid child labourers.¹²³ Among Syrian child labourers in Jordan, 87 per cent in host communities¹²⁴ and 94 per cent in Za’atari camp are boys.¹²⁵ In KRI, Terre Des Hommes reports that most child labour involves boys as very few refugee families send their daughters to work for fear of sexual harassment.¹²⁶ Refugee boys’ vulnerability to sexual exploitation is compounded by their age, poverty, precarious legal status, and informal working conditions. Mona, a refugee in Jordan, noted, “It’s the boys who work and they are [sexually] exploited by the employers. They say, ‘if you want the job, you must do this for me.’”¹²⁷

¹²⁰ United Nations Children’s Fund, Assessment of the Situation of Child Labour among Syrian Refugee Children in the Kurdistan Region of Iraq (2014), cited in Save the Children, Small Hands, Heavy Burden: How the Syrian Conflict is Driving More Children into the Workforce (2015).

¹²¹ Human Rights Watch, ‘We’re Afraid for Their Future’: Barriers to Education for Syrian Refugee Children in Jordan (2016).

¹²² United Nations Children’s Fund, World Food Programme, and United Nations High Commissioner for Refugees, Vulnerability Assessment for Syrian Refugees in Lebanon (2015).

¹²³ Note that girls undertake more unpaid labor, such as household chores, than boys and may be employed in less visible activities, including domestic help which also puts them risk of sexual abuse and exploitation. See Terre Des Hommes, ‘Because We Struggle to Survive’ - Child Labour among Refugees of the Syrian Conflict (June 2016).

¹²⁴ Terre Des Hommes, ‘Because We Struggle to Survive’ - Child Labour among Refugees of the Syrian Conflict (June 2016).

¹²⁵ United Nations High Commissioner for Refugees, The Future of Syria: Refugee Children in Crisis (November 2013).

¹²⁶ Terre Des Hommes, ‘Because We Struggle to Survive’ - Child Labour among Refugees of the Syrian Conflict (June 2016).

¹²⁷ Addressing child labor is a priority in the Regional Refugee and Resilience Plan 2017-2018.

In FGDs with adolescent boys across the three settings, the majority were engaged in paid labour, such as agriculture, construction, and in small shops and stores. Many were the sole or primary providers for their families, as their fathers were unable to secure work, were physically unable to work, or were absent.¹²⁸ They underscored their preference for women and girls to not engage in paid labour. With **70 per cent of Syrian households in Lebanon and 93 per cent of registered Syrian refugees in urban areas in Jordan living below the national poverty line**,¹²⁹ boys and young men expressed being under tremendous pressure for their families to provide. Nizar, a young PRS man in Lebanon, explained: “We don’t have money and we are suffering from this. We feel older than our normal age, we should be happy, but we feeling burdened. My dad has heart disease... We are carrying all the responsibility. We will do anything for our families.”

“When you go deep inside community, you will hear a lot of these stories [about SVM]. We have a lot of survivors who were victims of sexual abuse in the community. Because we live in a close, traditional community, **many people are afraid to disclose**...The [host] community has exploited the Syrian refugees, especially the men and boys. If a Syrian refugee wants to rent a house, the owner will use such conditions to ask for sexual favours for rent since he has no money. Most are driven to have sexual relationships in order to have money.”
–Abdel, Young Men’s FGD, location withheld

This worrying combination of informal work, increasing poverty, and familial pressure in conjunction with a culture of silence around SGBV increases the vulnerability of boys and men to sexual exploitation. Many key informants had not heard of specific cases of sexual exploitation of boys or men, although some recognised potential risks. A child protection officer in Jordan commented, “I haven’t heard of a case of sexual exploitation [of males], but the situation is perfectly ripe for it. Boys are leaving camps to work, they are vulnerable at the work place and en route. The overall recipe for disaster is there, we’re just not hearing about it.” Informants in Lebanon were more cognisant that sexual exploitation against men and boys in the workplace was occurring, but knew little about the extent or context.

Key informants working with LGBTI refugees were more aware of sexual exploitation against LGBTI men and boys in the work place. A protection officer in Jordan commented, “[LGBTI refugees] don’t have permission to work, and they work for longer hours and for less pay. There are multiple powers on top of them, so it’s easy for the perpetrator. ‘If you need your salary, then do this.’ Then they give him the salary only after the [sexual] favour.”

4.4.2. Sexual abuse and exploitation through information and communication technologies

Across the three settings, key informants and refugees underscored the use of mobile phones, the Internet, and other information and communication technologies to extort and silence boys and men. Older boys and adult men reportedly use mobile phones to photograph unsuspecting boys—while undressing or using the bathroom—and blackmail them into performing sexual favours; this was particularly reported in camps, where living quarters are cramped. A child protection office in Jordan reported that boys are especially vulnerable to mobile and online sexual exploitation.

¹²⁸ Other research has found that, among Syrian refugees in Za’atari Camp in Jordan, female-headed households are more likely to encourage children to work. See United Nations Children’s Fund and Save the Children, Baseline Assessment of Child Labour among Syrian Refugees in Za’atari Refugee Camp - Jordan (2014).

¹²⁹ United Nations High Commissioner for Refugees, 3RP Regional Refugee and Resilience Plan 2017-2018 in Response to the Syria Crisis: Regional Strategic Overview (December 2016). Available from <http://www.3rpsyriacrisis.org/wp-content/uploads/2016/12/3RP-Regional-Strategic-Overview-2017-18.pdf> (accessed 10 January 2017).

Both boys and men may be coerced into continued exploitation after filming or photographing an initial sexual attack. The director of an agency in KRI explained, ““With men on men, they first rape and then blackmail them. They threaten, ‘I will tell or show this to the community if you tell anyone that we did this together.’ They blackmail them into continued rape. I think many cases are like this but no one wants to talk about it...It’s not rare.” Informants and refugees also reported that, in Syria, detainees are sometimes photographed or filmed while undergoing sexual torture as a way to further humiliate and silence victims.

4.5. Other sexual violence

Refugees and key informants provided ad hoc accounts of sexual violence that did not fit the patterns identified above. These require further investigation. To underscore, SVM may be occurring under a variety of circumstances not identified in this exploratory study.

Accounts included:

- Sexual violence against heterosexual adult men in the countries of asylum, including at checkpoints and in detention centres
- Sexual exploitation of heterosexual men and boys in countries of asylum outside of the work context, including by landlords, teachers, aid staff, and others in positions of power
- Sexual abuse of boys by immediate family members
- Sexual violence against men and boys with disabilities¹³⁰
- Sexual violence against boys associated with armed groups and forces in Syria and Iraq; evidence from other conflicts suggests that male child soldiers are vulnerable to sexual violence¹³¹
- Sexual exploitation of adolescent boys in Syria; one informant relayed that teenage boys were engaged in survival sex, noting that this practice appeared widespread in some towns and areas
- Sexual violence against men and boys by civilians in Syria
- Sexual violence by female combatants in Syria¹³²
- Sexual abuse of refugee boys by women and older girls was not mentioned, but should be explored



UNHCR/Dominic Nahr

¹³⁰ Refugees with disabilities are particularly at risk for sexual violence, cf. Women’s Refugee Commission, ‘I See That It Is Possible’: Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings (May 2015).

¹³¹ Sandesh Sivakumaran, “Lost in translation: UN responses to sexual violence against men and boys in situations of armed conflict”, International Review of the Red Cross, vol. 92, No. 877 (2010), pp. 259-277.

¹³² One refugee provided an anecdotal account of armed men and women carrying out a home raid in her neighborhood, during which both men and women were raped. It was unclear whether the female combatants actively participated in the sexual violence.

5. IMPACT

“I was raped in the detention centre [in Syria]. I came to [this country] and I got treatment from an NGO, but I didn’t tell them about the rape. **Because of what happened to me in Syria, I was depressed and couldn’t talk to anyone. I couldn’t find work.** I went to different NGOs, but none of them supported me.”

– Mounir, 29, Lebanon

The psychological, physical, social, and economic impacts of sexual violence on refugee men and boys from Syria are severe, reverberating across the family and community as a whole.

Psychological

Families of male survivors and those working with adult and child male survivors described feelings of extreme shame, guilt, hopelessness, anger, and, for some, confusion of sexual and gender identities. Suicide and suicidal ideation, PTSD, depression, anxiety, and sleep disturbances were reported. Survivors isolated themselves and withdrew from their families and communities. Across the three settings, friends and family members of survivors used the same language: that the survivor “wanted to die” and that, post-sexual violence, he had become “a different person”. Many survivors, including those who had experienced sexual violence in Syria and were not in immediate danger, suffered from paranoia and feelings of ongoing persecution. Three key informants reported working with male survivors who started engaging in sex work after the assault(s).

For survivors of sexual torture while in detention, sexual violence cannot be decoupled from the prolonged, multi-dimensional forms of violence experienced, which have profoundly debilitating, destabilising, and often long-term psychological consequences.

“**If we have 1000 men in detention, I can guarantee you 999 would be [sexually] abused...**I never cursed the president of Syria as much as I did after he arrested my husband. When he came home after six months [in detention], he was a different person. He was never the same. Now he is nervous, shaking, depressed.”

–Mona, Women’s FGD, Jordan

Physical

Different types of sexual violence result in varying physical effects.¹³³ In this study, the primary physical consequence reported was rectal trauma due to conflict-related sexual violence with the use of an object. This is not uncommon in male survivors of wartime sexual violence.¹³⁴ Anal fistulas and fissures cause significant pain, particularly while moving, sitting, during bowel movements, and sometimes coughing. Victims may suffer malodorous faecal leakage, compounding their social stigma, and specialised reparative surgery is necessary for recovery. Sufferers are difficult to identify as they often isolate themselves. One key informant, a medical doctor who had worked in Syria for many years, remarked that rectal trauma was “actually very common for those who were in prison.” A former therapist who had worked with an international NGO in Syria had encountered numerous cases and believed “thousands of men” were affected. In the countries of asylum, informants working with male survivors were familiar with only a handful of cases, but believed that many

¹³³ See section 2.2.

¹³⁴ Pauline Oosterhoff, Prisca Zwanikken and Evert Ketting, “Sexual torture of men in Croatia and other conflict situations: an open secret”, *Reproductive Health Matters*, vol. 12, No. 23 (May 2004), pp. 68-77.

more men are affected. Other reported health effects resulting from sexual violence were sexually transmitted infections, which can be transmitted through the use of objects, and sexual dysfunction including impotency.

“I was detained in Syria for four months. We didn’t have food. They would torture us, violate us. They used sticks. After I was released I could not sit without pain. I still have problems, but **I am scared to tell the doctor because he might report me for being gay.**”

–Amin, LGBTI FGD, location withheld

Social

Male survivors whose sexual victimisation becomes known to the community experience debilitating social stigma and marginalisation.¹³⁵ Survivors may face ostracisation, shaming, persecution, and even death threats, and may be perceived as gay. For adult male survivors, as Ahmed in Lebanon noted, “He will no longer be seen as a man.” Faced with intense social humiliation and rejection, survivors may flee their communities and move to cities for anonymity and relative safety.¹³⁶

“Community stigma is the biggest issue for these men. A man must be strong enough not just to defend his family but also himself. The community will not excuse this from a survivor. He would not be respected as a man by the values we have here. **He will be known as weak, incompetent, and inappropriate.** They will try to leave the camp, to leave the district, to disappear. But you can’t survive long without community here...It is like a suicide, in this sense.”

–MHPSS Officer, KRI

Boy survivors may become a target for further abuse or harassment by the community or preyed on by other perpetrators. He may be blamed for the assault, and his family may physically and emotionally punish and isolate him. Peers may shun him, as reflected in the comments by adolescent boys in KRI: “People would look at him in a bad way. Other children wouldn’t play with him.” Boys who were attacked outside of the home, particularly on the street or at school, often fear leaving the house, compromising their education. Other research has linked boyhood sexual abuse with high-risk sexual behaviour including sex work in adolescence and adulthood as well as sexual revictimisation.¹³⁷

“**People would blame him for what happened. They would say it’s his fault,** ‘He did this in order to get a reputation in the camp,’ or ‘He went outside in the night - if he gets abused, it’s his fault.’ We hear this a lot. We don’t agree, but this is what they would say.”

-Naser, Adolescent PRS Boys, Lebanon

Many adult and child male survivors suffer in silence. Although the survivor’s sexual victimisation may not be known to others, fears of discovery, in addition to the psychological repercussions, may propel him to isolate from or leave his community.

¹³⁵ Megan Bastick, Karin Grimm and Rahel Kunz, *Sexual Violence in Armed Conflict: Global Overview and Implications for the Security Sector* (Geneva, DCAF, 2007).

¹³⁶ Women’s Refugee Commission, *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence* (New York, February 2016).

¹³⁷ Kevin Lalor and Rosaleen McElvaney, “Child sexual abuse, links to later sexual exploitation/high risk sexual behavior and prevention/ treatment programmes”, *Trauma, Violence and Abuse*, vol. 11 (2010), pp. 159-177.

Economic

The consequences of SVM may entail economic dimensions. Economic opportunities for refugees across the three settings are already severely limited. Community marginalisation further undermines the chances of securing employment. Male survivors may be too traumatised to continue or search for work, particularly in settings where the violence occurred in the work setting and where they may be at continued risk. As much of the work available to refugees is physical in nature, such as construction or agricultural labour, sufferers of rectal trauma face additional barriers to securing employment given their compromised health.

“The only solution is to avoid everything – I don’t go out. I love working with elderly people, I want to help others, but now I depend completely on cash [support].”

-Riad, LGBTI FGD, location withheld

Familial

Families of male survivors also suffer as a result of the sexual violence. The family as a whole becomes stigmatised, as the survivor is perceived as failing his primary role as protector. Families of a boy survivor are blamed for neglectful parenting or poor morals. Some wives divorce men after disclosure; an SGBV officer in Lebanon noted that she had managed multiple cases in which a woman divorced a male survivor because he was “no longer perceived as a strong male”. A survivor’s daughters might be seen as unmarriageable. Mona, a refugee in Jordan, noted that sexual violence against a man “might destroy the whole family”.

“He will be disrespected - he can’t find a job, he can’t get married, because he declared the case. He can’t get his daughter married. Everyone will disrespect and neglect him. This is our community.”

–NGO Director, KRI

Without treatment, some survivors may become physically or emotionally abusive. A protection officer in Jordan shared: “[Male survivors] come to us but we mainly find out from the wife. The sexual abuse in detention triggers abuse against the wife. She comes to us as a domestic violence case – ‘my husband changed after he came back from detention.’” For male survivors who are unable to work, the entire family is put at risk for deeper poverty. In other refugee settings, wives of male survivors with rectal trauma have been found to engage in survival sex due to their husbands’ inability to perform physically demanding jobs.¹³⁸

“What we hear from the women is that husbands don’t want to leave their homes. The sexual violence leaves them totally destroyed...And this is what makes men violent - if we keep ignoring this issue, violence is still going to be very present in the family.”

–NGO Director, Lebanon

Sexual violence against boys can impact the survivor’s future spouse and children. Research from the U.S. shows that, though the majority of men who experience childhood abuse are not violent as adults, suffering sexual abuse as a child increases the risk of perpetrating intimate partner violence as an adult approximately two-fold.¹³⁹

¹³⁸ Refugee Law Project and Makerere University, *Male Survivors of Sexual Violence in Kampala Demand for Better Services* (Kampala, Uganda, 2014). Available from http://www.refugeelawproject.org/files/others/Male_Survivors_of_Sexual_Violence_in_Kampala_Demand_for_Better_Services.pdf (accessed 21 December 2016).

¹³⁹ Charles Whitfield and others, “Violent childhood experiences and the risk of intimate partner violence in adults: assessment in a large health maintenance organization”, *Journal of Interpersonal Violence*, vol. 18, No. 2 (2003), pp. 166-185.

Community

The use of sexual violence against men and women in Syria is designed to humiliate and subjugate individuals, families, and communities as well as erode the social fabric. Public sexual violence and sexual violence in front of or among family members terrorises communities and disturbs social and communal cohesion. Samar, in Jordan, described how SVM was used to torment and intimidate the broader family: “My female cousin, her sons were affiliated with the Free Syrian Army. They were arrested... **My cousin was taken to the detention centre to watch her sons being raped by the soldiers. The family did not recover from this.**” In the FGDs, refugees expressed feelings of helplessness, sorrow, and anger of how SVM has affected their community and undermined their traditions and social norms. Hisham, a PRS in Lebanon, expressed his despair: “**We cry for the men – that is all we can do.**” Research from other conflicts reveals how SVM can demoralise and destroy collectives of people.¹⁴⁰

Neglecting the needs of male survivors of sexual violence can also reinforce and encourage patterns of violence.¹⁴¹ A prevalence study on non-partner rape in Asia and the Pacific found that men with a history of sexual victimisation, particularly those who suffered childhood sexual abuse and rape, were more likely than those without such experiences to have perpetrated rape.¹⁴² Other research on ex-soldiers who suffered sexual violence and did not receive proper psychological treatment found they were, in the short-term, more prone to engage in additional violence.¹⁴³ It is important to note that research from the U.K. and the U.S. suggests that the majority of abused boys do not perpetrate violence as adults.¹⁴⁴

In the countries of asylum, sexual violence against younger boys and sexual exploitation of boys and men caused significant anxiety and stress among the broader community. Parents feared for the safety of their sons and despaired at the “loss of control” over their children’s lives.

LGBTI refugees continue to be terrorised by sexual violence in their countries of asylum. They reported fearing not only for their own safety, but for that of their friends and the broader LGBTI refugee community. For example, Farida, a transgender refugee woman, was scheduled for resettlement to France the day after the FGD. Despite her impending relative safety, she cried because she was concerned about the safety of her remaining LGBTI friends.

¹⁴⁰ cf. Dubravka Zarkov, “The body of the other man: sexual violence and the construction of masculinity, sexuality and ethnicity in Croatian media”, in *Victims, Perpetrators or Actors? Gender, Armed Conflict, and Political Violence*, by Caroline Moser and Fiona Clark, eds. (London, Zed Books, 2001).

¹⁴¹ Monica A. Onyango and Karen Hampanda, “Social constructions of masculinity and male survivors of wartime sexual violence: an analytical review”, *International Journal of Sexual Health*, vol. 23, No. 4 (2011), pp. 237-247.

¹⁴² Rachel Jewkes and others, “Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific”, *The Lancet Global Health*, vol. 1, No. 4 (2013), pp. e208-e218.

¹⁴³ Maria Eriksson Baaz and Maria Stern, “Understanding and addressing conflict-related sexual violence: lessons learned from the Democratic Republic of Congo”, Policy Notes, 2010/3 (The Nordic Africa Institute, 2010).

¹⁴⁴ World Health Organization Regional Office for Europe, *The Cycles of Violence: The Relationship Between Childhood Maltreatment and the Risk of Later Becoming a Victim or Perpetrator of Violence* (Copenhagen, World Health Organization, 2007).

6. INFORMATION MANAGEMENT SYSTEMS

“I heard several times that there were a couple of boys who were harassed and raped. They went back to their families. **No one talked about it or reported it - there was too much shame.** For the whole family, it is catastrophic. One boy was so hurt he had to go to the hospital. This is happening here, this is happening everywhere - we can't expect otherwise. Just because it's not being reported and we don't have numbers, doesn't mean it's not happening.”

-Reproductive Health Officer, KRI

The Gender-Based Violence Information Management System (GBV IMS) is a data management system that enables service providers working with SGBV survivors to effectively and safely collect, store, analyse, and share data related to reported incidents of SGBV.¹⁴⁵ The GBV IMS has been implemented in 26 countries to date, including Iraq, Jordan, and Lebanon. Organisations providing services to SGBV survivors can choose to participate in countries where the GBV IMS has been rolled out; agencies using the GBV IMS are termed “data gathering organisations”. The national GBV IMS Steering Committees in the three study countries agreed to provide selected data on SGBV against men and boys based on their respective information sharing protocols.

The GBV IMS data presented below is only from reported cases and is not representative of the total incidence or prevalence of SGBV in each setting. Statistical trends are generated exclusively by service providers that use the GBV IMS for data collection in the implementation of SGBV response activities in a limited number of locations and with the consent of survivors. A number of agencies providing services to male survivors have not adopted the use of the GBV IMS. Encouraging the enrolment of these agencies into the GBV IMS will enable further insight into the scope and nature of sexual violence against men and boys, which in turn will aid in the development of context-appropriate interventions.

KRI

In Iraq, 15 data gathering organisations use the national GBV IMS. None of the organisations reported receiving male Syrian survivors in KRI since the GBV IMS was launched in 2015. One organisation reported provided services to two male Iraqi survivors in KRI.¹⁴⁶ Given the findings outlined above, the lack of incidents against Syrian male survivors in the GBV IMS underscores the need to expand services for male survivors, increase outreach to refugee communities, and encourage participation of agencies serving male survivors into the national GBV IMS.

Jordan

In Jordan, five data gathering organisations use the national GBV IMS. Of all SGBV incidents¹⁴⁷ reported to the GBV IMS from May 2014 to August 2016, 8.4 per cent were against male survivors. During this same time

¹⁴⁵ For further information, see <http://www.gbvim.com/>

¹⁴⁶ The data shared are only from reported cases, and are in no way representative of the total incidence or prevalence of SGBV in Iraq/KRI. These statistical trends are generated exclusively by GBV service providers who use the GBV IMS for data collection in the implementation of GBV response activities in a limited number of locations across Iraq and with the consent of survivors. The GBV IMS Partners are: Asuda, Harikar, Tajdid, DHRD, WRO, IMC, NRC, IRC, Al-Masalla, CDO, Quandil, Islamic, PDO, PAO, WCHAN. This data should not be used for direct follow-up with survivors or the aforementioned organizations for additional case follow-up.

¹⁴⁷ Six main forms of SGBV are recorded by the GBV IMS: rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities, or services, and psychological/emotional abuse.

period, 67 incidences of rape and sexual assault¹⁴⁸ were reported against males from Syria, Iraq, and other countries of origin, comprising 15 per cent of the total reported incidences of rape and sexual assault against male and females combined; 10 per cent (47) of reported incidents of rape and sexual assault against males and females from multiple countries of origin were against Syrian males.

The table in Annex A provides a detailed breakdown of survivor, incident, perpetrator, and referral pathway statistics for male survivors in Jordan from May 2014 to August 2016. **Of the incidents against Syrian males, the majority (85 per cent) were against children under the age of 18**, and 87 per cent of the total incidences against Syrian males occurred in Jordan. This indicates that few men who have suffered sexual violence in Syria are coming forward to seek services from the organisations participating in the national GBV IMS, and/or participating organisations are not reporting torture-related sexual violence to the GBV IMS.

Seventy per cent of incidents against males of all nationalities were perpetrated by adults, in alignment with global trends.¹⁴⁹ Although the majority (61 per cent) of incidences against males of all nationalities were reportedly perpetrated by one person, a large minority—nearly 40 per cent—involved multiple perpetrators with almost one in five incidences involving three or more persons. More than half (58 per cent of incidences against males of all nationalities) were perpetrated by a stranger, in contrast with the broader evidence on childhood sexual abuse which suggest that the large majority (an estimated 95 per cent) of boy victims know their abuser.¹⁵⁰ This requires further investigation. The most common location for the sexual assault was the perpetrator's home (22 per cent of incidents against males of all nationalities) followed by the street (13 per cent). The majority (58 per cent of incidences against males of all nationalities) of survivors waited for more than one month to report the incidence, and only 15 per cent reported within the recommended 72-hour window,¹⁵¹ highlighting the need for community awareness-raising on the importance of seeking prompt post-sexual violence care for all survivors.

Lebanon

In Lebanon, six data gathering organisations were using the GBV IMS at the time of data collection, with four providing services to men and boys. Eight organisations are currently using the system. The data provided by the Steering Committee are not disaggregated by nationality, and includes Lebanese, Iraqis, Palestinians, and refugees from other countries of origin. Syrians comprise the significant majority of refugees in Lebanon.

Of all SGBV incidents reported to the GBV IMS in 2015, 8 per cent were against male survivors. When disaggregated by rape and sexual assault, male survivors comprise a greater proportion of total survivors:

- Of all incidents of **rape** reported by male and female survivors in 2015, **22 per cent were reported by male survivors.**
- Of all incidents of **sexual assault** reported by male and female survivors in 2015, **18 per cent were reported by male survivors.**

¹⁴⁸ The GBV IMS defines sexual assault as “any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. Female genital mutilation/cutting is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.”

¹⁴⁹ William Holmes and Gail Slap, “Sexual abuse of boys: definition, prevalence, correlates, sequelae, and management”, *JAMA*, vol. 280. No. 21 (1998), pp. 1855-1862.

¹⁵⁰ Mannat M. Singh, Shradha S. Parsekar, and Sreekumaran N. Nair, “An epidemiological overview of child sexual abuse”, *Journal of Family Medicine and Primary Care*, vol. 3, No. 4 (2014).

¹⁵¹ Accessing health care within 72 hours of a sexual assault can minimise HIV transmission, prevent sexually transmitted infections, prevent infection from wounds, and, where appropriate, assist in the collection of forensic evidence.

- Of all incidents of **rape** reported by male and female survivors in June, July and August 2016, **16 per cent were reported by male survivors**: 4 per cent were reported by boys (under 18) and 12 per cent were reported by men (over 18).
- Of all incidents of **sexual assault** reported by male and female survivors in June, July and August 2016, **16 per cent were reported by male survivors**: 6 per cent were reported by boys (under 18) and 10 per cent were reported by men (over 18).¹⁵²

In contrast to Jordan, the majority of reported incidents against males in Lebanon were against adults. When queried about why this may be, informants speculated that the survivors may be LGBTI adults as UNHCR and other agencies have undertaken targeted outreach efforts to this population, more so than in Jordan and KRI. Verification of this theory was not possible, however.

UNRWA provided internal data on male SGBV survivors for this study.¹⁵³ Across the 12 Palestinian refugee camps under UNRWA's mandate in Lebanon, males accounted for 12.3 per cent of the total reported SGBV cases from January 2014 to September 2016. Twelve per cent of all male survivors were PRS. Twenty-three per cent of male survivors reported rape and an additional 43 per cent reported sexual assault; 12.2 per cent of male survivors lived with a disability. In contrast to the GBV IMS data for Lebanon as a whole, children (<18) comprised 83.7 per cent of the male case load and the remaining cases were young people up to age 29. In the majority (55 per cent) of incidents, other community residents were identified as the perpetrator, and all reported incidents took place in Lebanon. UNRWA emphasised that the sample size for male survivors was small, and suggested caution in interpreting the results.

¹⁵² "The data quoted above is only from reported cases, and does not represent the total incidence or prevalence of SGBV in Lebanon. These statistical trends are generated exclusively by SGBV service providers who use the GBV IMS data collection in the implementation of SGBV response activities across Lebanon and with the informed consent of survivors. Four organizations contributed to the above statistical trends. This data should not be used for direct follow-up with survivors or organizations for additional case follow-up. Should you like to use this data or access more information on GBV IMS, please contact the inter-agency GBV IMS Coordinator (dib@unfpa.org) and/or the SGBV Task Force Coordinator (trulli@unhcr.org)."

¹⁵³ Personal communication, UNRWA Lebanon.

7. SERVICE PROVISION

The following provides an overview of sexual violence-related services for men and boys across the three settings. To reiterate, this is an exploratory study that provides a starting part for further inquiry in-country and is not a comprehensive assessment. Additional agencies may be providing sexual violence-related services for men and boys that were not identified during data collection. See Annex B for list of organisations identified providing sexual violence-related services for men and boys.

7.1. SGBV programming

Humanitarian SGBV programmes have historically focused on women and girls, and agencies vary in their degree of integrating men and boys into SGBV programming.¹⁵⁴ Across the three settings, humanitarian actors have made important progress in implementing and expanding SGBV programming. Yet challenges remain: a limited number of SGBV agencies, of variable capacity, are struggling to meet the multitude of SGBV needs of women and girls from Syria. For males—in particular adult men—targeted prevention and response efforts by SGBV actors are limited, with some exceptions.¹⁵⁵

Across settings, there is a lack of clarity regarding whether, how, and to what extent SGBV programmes should serve men and boys: though many programmes are technically open to men and boys, they are oriented to women and girls. In KRI and Jordan, a few community centres offer recreational activities for men and boys, although some informants complained that these were developed without consulting refugees and therefore lacked activities of interest to adult men; child protection actors provide additional activities for boys. In Lebanon, organisations including ABAAD, Concern, Danish Refugee Council, International Medical Corps (IMC), UNHCR, and UNRWA have established male-focused centres and groups, largely focused on SGBV prevention. LGBTI-focused NGOs such as MOSAIC and the Arab Foundation for Freedoms and Equality raise awareness on sexual violence against men and boys, although solely in the context of persons with diverse sexual orientations and gender identities.

According to key informants, SGBV social workers are overwhelmingly women who are not sensitised to or have experience with male survivors, including LGBTI persons. Gender and SGBV focal points are predominately women. In Lebanon, some agencies reported engaging male outreach volunteers, but they are not trained on SVM specifically. In FGDs, all refugee men and boys reported that a male survivor would prefer disclosing to another male, apart from the LGBTI refugees, who preferred talking to a woman or an LGBTI person of either gender.

SGBV-related trainings, toolkits, and guidance are largely oriented to women and girls, although some materials include men and boys. For example, UNHCR includes male survivors and LGBTI persons in their SGBV-related trainings. However, informants across settings reported that targeted or comprehensive resources on men and boys including male survivors are lacking. According to informants, SGBV-related awareness-raising efforts and materials, such as posters, do not include representations or examples of men and rarely include boys.

Good practice: SGBV Task Force in Lebanon

In Lebanon, the SGBV Task Force integrated sexual violence against men and boys into the Lebanon Crisis Response Plan 2017-2020.

¹⁵⁴ At the time of this writing, there remains an ongoing debate regarding the extent to which SGBV actors should direct attention and services to men and boys, or whether humanitarian SGBV programming should remain focused on women and girls while working in partnership with other sector(s) to address SVM and related issues affecting men and boys. See section 9 Barriers to Service Provision for further discussion.

¹⁵⁵ Child protection actors are engaged in prevention and response efforts for boys. This is addressed under section 7.4 Child Protection.

A number of agencies have established emergency hotlines, including UNHCR in all settings, the Jordan River Foundation and the Family Protection Department in Jordan, and ABAAD in Lebanon. These hotlines provide counselling, guidance, and information regarding how to access specific services or report violent incidences.

Ad hoc SGBV programming related to men and boys is primarily related to SGBV risk mitigation against women and girls. UNFPA in KRI, for example, is targeting men as change agents, and the International Rescue Commission (IRC) is establishing a men's action group to discuss gender norms and cultural concepts of gender roles. In Lebanon, ABAAD and Concern run innovative men's groups that address masculinity, vulnerability, and anger management. These programmes may indirectly encourage male survivors to disclose incidents of sexual violence or seek services, and may contribute to prevention efforts.

“When it comes to men and boys, we talk about it in terms of prevention [for women and girls] or that there is no information. We don't go there. And that's a huge problem.”
–SGBV Officer, Lebanon

Regarding coordination efforts, informants in KRI and Jordan noted that SVM has been occasionally raised in the GBV Sub-Working Groups, often by individual champions, but is generally not discussed by SGBV partners. The SGBV Task Force in Lebanon has recently given the issue more attention to the issue of men and boys. An inter-agency Men's Network including several NGOs such as Heartland Alliance International (HAI), ABAAD, and Concern, is also in place in Lebanon, and primarily focuses on policy development and technical guidance; at the time of the data collection, the network had not yet discussed SVM.

“Men are just seen as perpetrators and allies.”

–NGO Director, Lebanon

Sexual violence against males has been integrated into some key strategy documents. Sexual abuse of boys is included in the Iraq GBV Sub-Cluster Strategy for 2016, although adult male survivors are not referenced;¹⁵⁶ males, including LGBTI, are reportedly included in the revised GBV Standard Operating Procedures in Iraq. In Lebanon, SVM is included in the Lebanon Crisis Response Plan 2017-2020. In Jordan, men and boys are included in the GBV Sub-Working Group Strategy 2015-2017 as well as the SGBV-related indicators in the Jordan Response Plan 2017-2019.

7.2. SGBV case management and referral services

Across settings, SGBV case management is reportedly largely focused on women and girls, who bear the brunt of sexual violence. According to key informants, SGBV case managers are predominately women who are not sensitised to or trained in managing male survivors, particularly adult men, and many are reportedly uncomfortable with male survivors. In Lebanon, some notable exceptions were identified: NGOs such as INTERSOS and the Danish Refugee Council have male case managers who are sensitised to adult male survivors, and some agencies have case managers trained to specifically support LGBTI survivors.

Across settings, key informants noted that identifying boys and particularly adult men is a key challenge, and case managers receive few male survivors. A local organisation providing case management in KRI, for example, reported that less than one per cent of their cases were male; all of these cases involved young boys.

¹⁵⁶ GBV Sub-Cluster - Iraq, Iraq GBV Sub-Cluster Strategy for 2016 (April 2016).

In Jordan and Lebanon, however, one UN agency has made significant efforts to identify LGBTI refugees, including survivors. LGBTI-sensitised frontline staff wear rainbow pins and supportive posters adorn registration and reception rooms to encourage disclosure.

“We can’t work with men, who would we refer them to? There is no one.”

–Case Management Officer, Jordan

Across settings, referral pathways for boy survivors are well established. In KRI and Jordan, however, referral pathways for adult male survivors are unclear: case managers are confused about where to refer and sensitised providers are limited. In some urban areas in Lebanon, referral networks for adult male survivors are relatively strong, particularly for LGBTI persons. Case management agencies can refer male survivors to vetted agencies with trained staff, such as Centre Nassim and RESTART for MHPSS services, MOSAIC for psychosocial support for LGBTI survivors, the International Refugee Assistance Project (IRAP) for legal assistance, MARSА clinic for health services, INTERSOS and Makhzoumi Foundation for vocational training, and Heartland Alliance International (HAI) for cash assistance. (See Annex B for full list of agencies providing services to male survivors.) However, these agencies are generally small and able to support only a limited number of cases. In addition, the majority are concentrated in the Beirut and Mount Lebanon areas; trusted referral points for male survivors in the rest of the country are lacking. Further, a number of informants in Lebanon were not familiar with any services for male survivors, reflecting the fragmented response to SVM.

“One of our partners was saying, when they had a male survivor come forward, ‘All the centres are for women, what do we do with this person?’ They didn’t know who to refer to. This falls under the SOPs, and they thought, ‘No, this is exceptional, this is a male – he doesn’t fit into any of the available services.’ All centres and services are for women and girls - they are labelled as such.”

–SGBV Officer, KRI

Good practice: The Institute for Family Health (IFH) in Jordan

In 2012, Syrian refugee women began approaching staff at IFH family centers, reporting that their husbands isolated themselves and no longer engaged in sexual activities. IFH’s specialised outreach teams conducted home visits and found that the women’s husbands showed signs of torture, including sexual torture such as rectal trauma. Most of the men initially refused case management, and stressed that they were only interested medical treatment; however, they were comfortable with home visits and accepted follow-up by the IFH team. After building trust with the survivors, the men approached IFH to participate in therapeutic support group activities for victims of torture. IFH decided to adapt its programming to address male survivors’ specific needs.

IFH now has a team of doctors and nurses trained in clinical management of rape, including for male survivors. In Za’atari camp, IFH conducts regular refresher sessions on child protection and SGBV, which includes identifying and referring male survivors of sexual violence. IFH also engages community and religious leaders to raise awareness about SGBV, including sexual violence against males. General SGBV sessions, in which men and boys are integrated, are held for the community as well. Men-only support activities have been established in camps and urban areas and are facilitated by male counselors, and IFH staff conduct outreach to refugee men and boys to engage them in group activities.

In KRI, new case management guidelines are in development and aim to strengthen a more integrated, multi-sectoral approach among SGBV, MHPSS, child protection, disability, and health actors; male survivors will be integrated. In Jordan, key informants noted boy survivors, although not adult men, are included in case management trainings. In Lebanon, draft case management guidelines do not reference male survivors; male survivors are mentioned once in the inter-agency SOPs for SGBV prevention and response in Lebanon and engaging men and boys in prevention is integrated throughout.

Good practice: INTERSOS in Lebanon

In Lebanon, INTERSOS provides a package of services to male survivors, including case management, PSS services, legal assistance and vocational training. In one region, it is the main organisation providing care for male survivors, including those who suffered sexual torture in Syria. The NGO also conducts targeted outreach and support for LGBTI youth. Approximately 10 to 20 per cent of the SGBV survivors they serve in the Mount Lebanon area are male.

7.3. Protection

Effective protection interventions are reportedly limited for adult men. Across the settings, safe shelter is not available for adult male survivors¹⁵⁷ or those at risk of sexual violence. Numerous informants expressed grave concern about the lack of safe shelter for adult men.

“We had a case where in-laws were threatening to kill the son-in-law – he had been raped by another man. **There was no place for him except a mental asylum.**” -Protection Officer, Jordan

For LGBTI persons, UNHCR and NGOs across settings have tried to compensate for the lack of safe shelter by increasing cash assistance for rent, but key informants and refugees alike complained that funding remained insufficient to secure safe housing. Some LGBTI persons in Lebanon and Jordan have reportedly resorted to survival sex to pay for rent, increasing their risk for sexual violence. In Lebanon, SGBV survivors, both male and female, are included in the list of target groups for UNHCR’s Protection Cash Assistance Program (PCAP), which provides short-mid-term cash support to mitigate imminent protection risks.

“UNHCR provides very limited financial assistance, which is not enough to live in a protected place. Men - even gay men - are not seen as vulnerable as women...You give a family of five five times more money, but for one, you can’t live off one person’s financial assistance. **If [LGBTI refugees] try to find roommates, it’s a problem** - straight is dangerous, but if you have an LGBT roommate, that is also a risk. When LGBT refugees ask for financial assistance, UNHCR provides, but many other orgs won’t, especially small NGOs which are religious based. UNHCR doesn’t take into consideration - that UNHCR is the only place they get support. They don’t have other options.” –Protection Officer, Jordan

With a dearth of shelter options as well as durable solutions, resettlement is the primary protection tool for adult male survivors and those at risk. UNHCR can submit these refugees for resettlement based on legal and/or physical protection needs, survivors of violence and/or torture, medical needs, or lack of foreseeable alternative durable solutions. However, the resettlement process may take two to three years, and even urgent cases may take up to a year or more. During this time, refugees—particularly LGBTI persons—may remain

¹⁵⁷ In Jordan, the Family Protection Department may place women as well as men at risk for violence in special detention centers against their will as a form of “protective custody” for indefinite periods of time, a practice which has been strongly criticised.

Good practice: International Agency in Jordan & Lebanon

In Jordan and Lebanon, an international agency has a wide range of LGBTI-sensitised staff, including case workers, outreach volunteers, receptionists, and security staff, who wear rainbow pins as identifiers for LGBTI refugees. Reception and registration places include supportive materials. LGBTI refugees reported that these efforts were helpful in creating a safe environment, and local LGBTI-focused NGOs praised these efforts.

at risk and suffer sexual victimisation. Male survivors whose victimisation becomes known to the community may be persecuted or, according to some key informants, killed. Some LGBTI refugees commented that UNHCR “waits until something really bad happens, like an assault, before they take action”. Further, resettlement is only available to small numbers of refugees. Informants expressed frustration and concern about the absence of protection options for men and boys ineligible for resettlement.

7.4. Child protection

Across settings, informants reported that boys are integrated into child protection strategies, case management guidelines, and programmes. Functioning referral systems for boy survivors are largely in place as well as case management for boy survivors. Yet the quality of care for boy survivors and the capacity of some providers need strengthening, particularly in KRI. Confidentiality was identified as a key concern in KRI, with one informant citing several incidences of confidentiality being breached in meetings. A number of interviewees in KRI expressed concerns about the ability of child protection agencies to effectively manage cases of boy survivors.

Two key additional areas require strengthening across settings: identification of boy survivors and protection for boy survivors or at-risk boys. Reporting remains low and safe shelter options for boy survivors are insufficient. In Jordan, limited temporary care is in place for boy survivors up to the age of 12. In Lebanon and KRI, there are no official safe shelters for boy survivors, and boy survivors in KRI may be sent to juvenile reformatories. UNHCR Lebanon, however, is sometimes able to negotiate access for young boys to certain safe shelters on a case-by-case basis.

“There are 550,000 Syrian children in Lebanon - with the magnitude of that population, we know statistically that [sexual violence against boys] is happening. But the ability of a boy to access a survivor centred approach - who knows! ... No one has come forward. I have access to 40 front line workers in Bekaah and in the South, and none have come out to say that ‘I had a male survivor.’ **It’s still difficult to raise this topic.**”
–Child Protection Officer, Lebanon

Key informants also identified effective interventions to prevent sexual violence against boys as a gap across settings, while highlighting some important efforts underway. In KRI, Save the Children manages a youth resilience program for both boys and girls, which includes exploring gender, respect, and discerning appropriate and inappropriate touches. In Jordan, the inter-agency Amani Campaign has helped advance efforts to prevent and respond to sexual violence against refugee boys and girls. Agencies also use child protection materials such as Safe You and Safe Me,¹⁵⁸ which young refugee men in Za’atari camp specifically cited as useful. UNICEF Jordan provides structured and sustained life skills programmes for boys and girls, and has supported a number of PSS centres for refugee children and adolescents. It has also supported the

¹⁵⁸ Save the Children, Safe You and Safe Me (2006). Available from <http://resourcecentre.savethechildren.se/sites/default/files/documents/2833.pdf> (access 21 December 2016).

Government of Jordan to establish a Cybercrime Unit to address sexual exploitation online, of which boys appear to be the primary victims according to a key informant. In Lebanon, UNFPA and INTERSOS engage male and female youth in programmes to support life skills development. At the same time, informants highlighted the need for increased programmes, guidance, and toolkits for boys including boy survivors. Although training packages on child survivors include boys, informants felt they could be strengthened.

“IRD [International Relief and Development] staff always told us, ‘If there is anyone who touches you, and you don’t like this, come tell us.’ And Save the Children too... We trust them.” -Adolescent Boys’ FGD, Za’atari Camp, Jordan

Informants reported that programmes for adolescent boys are limited, and available activities do not include strong SGBV or reproductive health components. Refugee men in two FGDs specifically highlighted the need for sexual and reproductive health information for young people.

“We don’t have a specialised NGO for protection for men and boys here – we don’t have this to encourage them to disclose their concerns. We are the most vulnerable at our age for exploitation and sexual violence, and **we have no place to go**. We are adolescents – we are discovering the world around us – that is why we are more vulnerable. We are similar to children. We are not experienced like adults. We don’t have this strength.”

–Saad, Young PRS Men’s FGD, Lebanon

Good practice: Save the Children in KRI

In KRI, Save the Children use the innovative booklet *Safe You and Safe Me* to discuss protection and rights issues with refugee children aged 7 to 12. After discussions sessions based on the booklet’s material, children including boys have disclosed sexual violence to Save the Children staff. In addition, as a result of the sessions, children’s understanding of appropriate and inappropriate behaviors improved as well as their communication skills.

7.5. Mental health and psychosocial support

Informants reported that humanitarian actors have made progress in addressing the pressing mental health needs of the Syrian refugee population. At the same time, mental health and psychosocial support (MHPSS) services—including for male survivors—require strengthening. The three countries face a shortage of professional psychiatrists and therapists;¹⁵⁹ accessing MHPSS services remains stigmatised. According to informants, MHPSS staff serving the refugee population are, generally speaking, not sensitised to treating male survivors, including boys, and social workers tend to be women. For example, as of 2013, women performed the majority of psychosocial services for refugees in Jordan.¹⁶⁰ However, some organisations, primarily those working with torture survivors and LGBTI persons, do have sensitised, experienced staff to treat and support male survivors.

¹⁵⁹ International Medical Corps, *Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis*, (2015). Available from <http://internationalmedicalcorps.org/document.doc?id=526> (accessed 23 January 2017).

¹⁶⁰ United Nations High Commissioner for Refugees, *Jordan Protection Sector Gender Analysis* (July 2013).

We aren't giving this topic the attention it needs. We just tick the box in our trainings. When we focus on GBV," we always show a female. We need to take care of those, but **we don't provide examples of men and boys. If you don't present it for service providers, you are saying they do not exist.** ".You won't think about them when you are providing care
MHPSS Officer, Jordan–

In KRI, local human rights NGOs such as Wchan Organisation for Victims of Human Rights Violations and Rasan Organization provide counselling and psychosocial support to male survivors of sexual torture and other sexual violence, including LGBTI persons and refugees. UNHCR is also establishing a new community-based support group where men sit together and provide support to one another, without a professional present. While not explicitly aimed at male survivors, male survivors may benefit from this service. According to informants, refugee men in KRI have complained that UN agencies and NGOs are not addressing their psychological needs.

In Jordan, the Center for Victims of Torture (CVT) has male and female therapists who are experienced in treating male survivors. In addition, CVT recently began providing targeted trainings on male sexual trauma for their counselors and plans to train staff from other organizations in Jordan. A local support group for LGBTI survivors is open to refugees, but is small and selective for security purposes. In Jordan and Lebanon, IMC, among other agencies, offers adolescent-friendly MHPSS services to boys and girls.

In Lebanon, Centre Nassim and RESTART offer specialised MHPSS care for torture survivors, including men and boys who have suffered sexual torture. RESTART serves approximately 14 male survivors per month. MOSAIC and some INTERSOS chapters provide psychosocial services for LGBTI survivors. ABAAD and Concern run men's support groups in which participants unpack complex issues such as masculinity and vulnerability; these spaces may indirectly offer support for male survivors as well.

Good practice: Rasan Organization in KRI

Rasan Organization started as a women's rights organisation in Suleimania in 2004. After LGBTI survivors including refugees began approaching their centre for assistance, Rasan established LGBTI-oriented case management and psychosocial services to help meet their needs. By distributing hygiene kits in the community and conducting extensive awareness-raising activities, more LGBTI survivors are coming forward. Rasan is one of the few organisations in KRI working to address the needs of LGBTI refugee survivors.

7.6. Health

According to informants, availability of medical care for boy survivors is largely in place in Jordan and Lebanon, but limited for adult male survivors across settings. In KRI, informants explained that the provision of clinical management of rape (CMR) for both female and male survivors is difficult. Adequately trained medical personnel on SGBV concepts and CMR are limited, the role of NGOs in the provision of CMR remains unclear, and policy and socio-cultural barriers thwart both male and female survivors from seeking services. A new national CMR protocol for Iraq is in development and includes a small section on "special considerations for men". In Jordan, a new national CMR protocol is in final stages of preparation, and will include specific guidance on men and boys. In Lebanon, the national CMR protocol includes boy survivors, but does not reference adult male survivors.

Informants across settings reported that, although boys are integrated into some CMR trainings, adult male survivors are neglected or under-represented in CMR trainings and underscored the need for role-playing and practical examples with both adult and child male survivors. Health providers are reportedly uncomfortable treating males, particularly adult men and LGBTI survivors, because they feel unequipped to provide adequate care. Awareness of the issue among providers is reportedly low, and screening and identification processes of sexual violence against adult males are reportedly absent among health providers. Some informants commented that even when providers have received an orientation or training that includes male survivors, they do not have the practical experience to reinforce this knowledge. Use of indicators on male survivors, which can help promote identification and treatment, is sporadic. It is important to note that sexual violence against males takes many forms, and health providers should be trained to address the range of male survivors' health needs, and not only focus on anal rape.

“[Our organisation] has provided one million health services to Syrian refugees...**For the past five years, through thousands of emails, I've only seen two [male rape] cases that were referred to our health services** – one man, one boy. I haven't seen a concrete program or training program since the beginning of Syrian crisis in Jordan to identify these cases [of male survivors] and have an SOP between sectors... I get hundreds of emails from female nurses about suspected abuse and sexual violence, but never from my male nurses.”

–Program Officer, Jordan

Some notable efforts are underway to meet the health needs of male survivors. In Jordan, the Institute for Family Health has sensitised clinicians designated to care for male survivors as well as a mobile medical team that conducts awareness-raising on SGBV services including for men and boys. UNHCR in Jordan has identified a referral hospital to provide post-sexual violence care for males. In Lebanon, MOSAIC developed a manual on the management of sexual assault against males, which is available in English and Arabic, and has trained more than 30 forensic doctors on CMR for male survivors.¹⁶¹ MARSА Clinic and Makhzoumi

Foundation also provide sensitised CMR to male survivors. However, these efforts are localised and, in Lebanon, are primarily focused on LGBTI survivors. A protection officer in Lebanon highlighted that heterosexual male survivors are neglected: “When you refer [a rape survivor] to the doctor, he always asks ‘Is this a woman or is he gay?’” Broader institutional efforts in Lebanon may overlook men and boys; for example, sensitisation efforts on SGBV for health providers by UNFPA did not include male sexual violence survivors, and sensitised care is not systematically available in MOH facilities. Across settings, some informants reported that they did not know where to refer an adult male survivor for health services. Outreach efforts to raise awareness of available services are ad hoc.

Few key informants were aware of rectal trauma as a result of sexual violence, reporting that it had never been raised by colleagues or staff. Yet those who were familiar with it expressed concern about the possible

Good practice: MOSAIC in Lebanon

After recognizing that health providers were not skilled to treat male survivors and were causing additional pain and humiliation, MOSAIC developed technical guidance on the provision of clinical management of rape for male survivors and trained more than 30 forensic doctors on this issue.

¹⁶¹ Faysal El Kak, *Male Survivors of Sexual Assault: A Manual on Evaluation and Management for General Practitioners* (MOSAIC, 2015). Arabic and English versions available from <http://www.mosaicmena.org/publications> (accessed 21 December 2016).

magnitude, limited services, and barriers to accessing services. For example, one informant believes that a number of Syrian men in KRI are affected but are dissuaded from seeking health services because, in addition to shame, reparative surgery is cost-prohibitive. UNHCR can support the costs of SGBV-related surgery, yet only one of the implementing partners interviewed across the three settings was aware of this. According to UNHCR, some hospitals in Jordan and Lebanon have the clinical capacity to perform reparative surgery. One implementing partner in Jordan that received cases of rectal trauma was unaware that treatment is available.

“There are many men who need medical care [for rectal trauma]. There are too many cases, but they don’t allow case management. They just want the medical treatment...but we haven’t medical services for this at Za’atari, and when we told them we don’t have this, they relapsed. They said, ‘But we need this help only. We don’t need psychological treatment, we don’t need social support. We just need this medical treatment.’” – SGBV Officer, Jordan

In cases of rectal trauma where medical treatment is not available in country, or the costs are prohibitive, resettlement on medical grounds is a possibility; no cases of medical resettlement for male survivors were identified in the three settings.

Informants noted that broader sexual and reproductive health services for refugee men and boys were lacking in KRI and limited in Jordan and Lebanon.

Men in two focus groups in KRI asked for more services and education related to sexual and reproductive health, citing that this would help with both prevention and response to sexual violence against males. Some informants highlighted the downside of linking SGBV and sexual and reproductive health services with respect to male survivors, with one program officer in Jordan commenting,

“How can a man seek SGBV care in a place that is for maternity?” Indeed, analysis of MSF data on sexual violence care in six African countries from 2011 to 2016 found that **integrating sexual violence services in maternal and child health (MCH) care impeded male survivors from accessing care: the proportion of male survivors in MCH associated programmes was %2,**

whereas males comprised %17 of survivors in non-MCH, non-sexual violence specific programmes.¹⁶² SGBV and MCH avenues should be maintained as they are important for women and girl survivors; additional, contextually-appropriate avenues for male survivors should be established.

Good practice: MARSА Clinic in Lebanon

MARSА Clinic in Beirut, Lebanon, provides comprehensive sexual and reproductive health services, including provision of PSS and health services for male survivors. Their staff include providers trained to care for boys, adolescents, and adult men, including LGBTI. Staff distribute leaflets of available services to the community, emphasizing privacy and confidentiality. A list of patient rights and responsibilities is on the clinic wall, and patients are given a satisfaction survey to provide feedback on quality of care.

7.7. Legal assistance

Legal assistance is available for male survivors across settings, although a variety of barriers prevent them from seeking support (see section 8 on barriers to service accessibility). In KRI, all sexual-related offenses,

¹⁶² Marwa Mahmoud Ramadan, Too Many Barriers: Associations Between the Setup of Sexual Violence Care Programmes and Access for Male Victims (MSF Scientific Days 2017 - Medical Research, London, 19-20 May 2017). Available from: https://www.msf.org.uk/sites/uk/files/9_id72_final.docx (accessed 19 May 2017).

including against men and boys, are supposed to be handled by the Directorate of Combating Violence Against Women (DCVAW), a department of the Ministry of the Interior. In Jordan, the police's Family Protection Department (FPD) oversees all sexual offenses. In 2016 the FPD, Ministry of Interior, and National Council for Family Affairs, with support from UNICEF, launched a Cybercrime Unit to address sexual exploitation online. Both the FPD and DCVAW coordinate closely with UNHCR and conduct awareness-raising campaigns among refugees to encourage reporting. While informants highlighted the technical expertise of DCVAW and FPD officers, they also expressed concerns regarding officers' interpersonal handling of SGBV cases, reporting that some are harsh in their approach. The Director General of the DCVAW commented that they were concerned about violence against refugee boys in the camps and recognised the lack of internal expertise on how to respond to male survivors, noting that they welcome guidance on this issue.

UNHCR supports the provision of legal assistance for all SGBV survivors, both male and female. In Jordan, the Arab Renaissance for Democracy and Development (ARDD-Legal Aid), one of the largest legal aid clinics serving refugees in Jordan, offers pro bono legal services for refugees including male survivors and has established two branches in the main camps of Za'atari and Azraq. To date, all of ARDD-LEGAL AID's cases on sexual violence against males have

involved boys under the age of 18. In Lebanon, the International Refugee Assistance Project (IRAP) provides legal aid to refugees including male survivors as well as INTERSOS, Makhzoumi Foundation, and Caritas.

7.8. Other services

Although some livelihood support is available for adult male survivors in Lebanon through agencies such as UNHCR and Makhzoumi Foundation, informants reported that this area needed strengthening across settings. Nutritional support, such as soft foods, for male survivors with rectal trauma was not identified in any setting.

Good practice: Women's Rehabilitation Organization (WRO) in KRI

After a woman approached a WRO center hinting at problems within her family, a WRO social worker explored further and discovered that a neighbor had raped the woman's 11 year-old-son. The mother isolated and beat her child, blaming him for the assault. She was reluctant to receive services or take legal action due to fears of stigmatisation should the assault become known to the community. To prevent alerting the community as well as the perpetrator, WRO social workers began conducting secretive home visits at night. After gaining the trust of the mother and son, the social workers helped the boy to receive medical, psychosocial, and legal assistance. The perpetrator was later convicted and sentenced to seven years in prison.

8. BARRIERS TO SERVICE ACCESSIBILITY

Across settings, key informants consistently reported that men and boys rarely seek services for sexual violence.

¹⁶³ Similarly, in Jordan, a 2013 assessment by CARE reported that Syrian refugee men found it more difficult than women to seek (general) services and engage in psychosocial activities.¹⁶⁴ A multitude of barriers operate together to undermine male survivors' access to care.

A 2012 rapid assessment of Syrian and PRS refugee men and boys in Lebanon revealed that **10.8 per cent had experienced sexual harassment or harm in the previous three months. None had accessed services.** Some blamed themselves for the incident.

•Sociocultural barriers

Among Syrian refugees and host communities, a pervasive culture of silence underpins SGBV. Ayman, a young refugee man in Jordan, explained, “Of course these things [SVM] are happening but our traditions do not let us talk about it.” As outlined above in section 5, the consequences of disclosure can be devastating for a male survivor and his family. With the exception of the LGBTI FGD, all refugees emphatically reported that an adult male survivor would never disclose his victimisation due to shame and fears of stigmatisation. “It is very shameful. If anyone discloses, he will be shamed until the day he dies. He will always be reminded,” commented another young Syrian man in Jordan. A number of refugees reported that men are expected to be stoic, and that the community perceive men who seek services as weak. Though the majority of refugees stated that a boy survivor would also not disclose, some reported that a younger boy may tell a trusted family member, teacher, or NGO staff. Therapists working with male survivors of sexual torture noted that it may take 12 to 15 session before disclosure, if at all.

“We keep quiet here. **We keep it in our heart.**” –Faris, Men’s FGD, KRI, in response to whether a boy survivor would tell anyone about his victimisation

A key misconception among refugees is that adult men cannot be raped by another man. When asked whether an adult man could be raped, participants used language such as “**we can’t imagine this**”, “this is impossible”, “men have the power to resist”, and “he would fight to the death”. Participants commented that “a man can defend himself, so he must have accepted it”, **implying that male survivors are gay.** In communities where same sex relations are deeply taboo, the conflation of suffering SVM with being gay or bisexual is an additional socio-cultural barrier impeding survivors from coming forward. Refugees also believed adult perpetrators of SVM were gay, which is a common and destructive myth about male on male sexual violence.¹⁶⁵ Efforts to encourage male survivors to disclose and seek services must work to clarify and dispel these and other myths that deter survivors from coming forward.

“I don’t think there is a way to get men to come forward. Death is easier than this stigma, to announce this shame.” –Reproductive Health Officer, KRI

¹⁶³ Ghida Anani, “Dimensions of gender-based violence against Syrian refugees in Lebanon”, Forced Migration Review vol. 44, No. 75 (September 2013).

¹⁶⁴ CARE Jordan, Syrian Refugees in Urban Jordan: Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees Living in Irbid, Madaba, Mufrqa, and Zarqa (April 2013).

¹⁶⁵ Jessica A. Turchik and Katie Edwards, “Myths about male rape: a literature review”, Psychology of Men & Masculinity, vol. 13, No. 2 (2012).

Boys face additional challenges as discussing sexuality generally remains taboo and sexual education is absent. Lack of basic knowledge of sexuality and spaces to discuss sexuality combined with easy access to online pornography and limited avenues of appropriate sexual expression creates confusion about what behaviours and touches are appropriate and silences boys from speaking out. Some refugees noted that families of boy survivors preferred to handle the matter tribally, without involving authorities. Abuse within tribes would be addressed by tribal leaders, who would assemble the perpetrator, victim, and their families, demand an apology from the perpetrator, and arrange payment from the perpetrator to the victim's family. Refugees noted that inter-tribal abuse would likely be resolved between tribal heads alone, and may involve payment. Other refugees mentioned that both the victim and the perpetrator may be killed, thus strongly deterring survivors from speaking out.

- **Few targeted services for adult men and older adolescents**

As explored in section 7, targeted sexual violence-related services for adult men are limited or unavailable across settings, whereas services for boys, particularly those under 12, are largely in place. Although some informants referred to the available SGBV-related programmes as “gender-blind”, services are indeed gendered: they are oriented towards and utilised by women and girls. These programmes may maintain an open-door policy towards males, yet men and boys are either unaware of or uncomfortable with accessing them. “The name ‘Women’s Listening Centre’ tells men this is somewhere we shouldn’t go,” commented an SGBV officer in KRI. If men and boys do utilise these services, it may discourage women and girls from accessing them. A “gender-blind” or “gender-neutral” approach to SGBV programming, particularly in highly gender-segregated communities, does not adequately address men’s needs and could compromise care for women. While some mixed gender interventions may be appropriate, it is important to make available spaces and programmes that are clearly designated and designed for women, men, and LGBTI persons, respectively.

- **Limited referral pathways for adult men**

Apart from a small network of sensitised agencies concentrated in Beirut, referral pathways for adult male survivors are poor or non-existent. Informants reported that many case managers, social workers, health providers, and other staff are unclear where to refer adult male survivors for care. A protection officer in KRI commented, “If we had a male survivor, I’m sure we would hear, ‘What would we do?’ We are just not oriented to this issue.”

- **Shortage of skilled, sensitised, and experienced staff**

In general, humanitarian responders lack experience, sensitisation, and training in relation to identifying and working with adult male survivors and LGBTI survivors of all ages, including health providers, case managers, counsellors, social workers, and outreach volunteers. Some providers’ capacity to appropriately manage boy survivors requires strengthening as well. In addition, humanitarian staff may hold similar misconceptions to SVM as refugees: they may not believe that men can be raped, and may assume male survivors are gay or bisexual.

“Even doctor and nurses, when you ask them in a training, ‘Do you know that men can be raped too?’ **They will burst out laughing, ‘How can a man be raped?’**”

–SGBV Officer, KRI

Inappropriate responses can cause further trauma and humiliation to male survivors. In Lebanon, a case manager described escorting a 16-year-old gay survivor, who had engaged in survival sex, to a health facility for clinical management of rape: “The doctor asked him, ‘Were you doing this by force or because you wanted to? You seem to know a lot about sex.’”

• Absence of effective identification/screening mechanisms

No targeted mechanisms to identify and engage male survivors were found in any setting. Informants reported that the lack of effective identification processes were a key impediment to enabling adult and child male survivors to access services.

• Communication gaps

Communication gaps between service providers and refugees as well as UNHCR and service providers hinder survivors from accessing services. Both refugees and humanitarian responders lacked knowledge of the available services for male survivors, particularly adult male survivors. **Refugees in only two of the 21 FGDs could name one available service for an adult or child male survivor.** Participants in one-third (7) of the FGDs could identify where to report an incident of SVM, and mentioned UNHCR, INTERSOS, IMC, or the police.

A number of key informants were unaware of the existing services for male survivors in their setting. Only one implementing agency knew that UNHCR can provide financial support for SGBV-related rectal surgery. Some NGOs have mistakenly told male survivors with rectal trauma that surgery is unobtainable as they were unaware of its availability in-country.

“What if you don’t know if the services are out there, and the person you disclose to doesn’t know. **How many people will you need to tell before confidentiality starts?**”

–Health Officer, Lebanon

• Limited confidence in service providers and authorities

Refugees expressed misgivings about provider confidentiality, which they underscored as the most important factor in men coming forward to access services. They commented that news and gossip spreads quickly among refugees, including to family and friends in Syria or abroad, with the aid of mobile technologies such as WhatsApp. A breach of confidentiality by one person could cause harmful repercussions to the survivor, his immediate family, as well as extended family members, including those in other countries.

Many refugees expressed an overall lack of confidence in the available service providers and local authorities to meet their needs. They believed that even trustworthy agencies were ineffective. A young PRS man in Lebanon said, **“The majority of NGOs may not be able to listen to you because they can’t help you.”** Others lamented that pursuing legal recourse was futile due to corruption.

“Two boys were walking on the street and an older man came to them and took them to the sand berm. He raped them there. The two boys reported this to their father, and then the father reported to police. But the man [perpetrator] is a ‘police friend’, so nothing happened to him. **In fact, the father and both kids had to go back to Syria.**”

-Kareem, Young Men’s FGD, Jordan

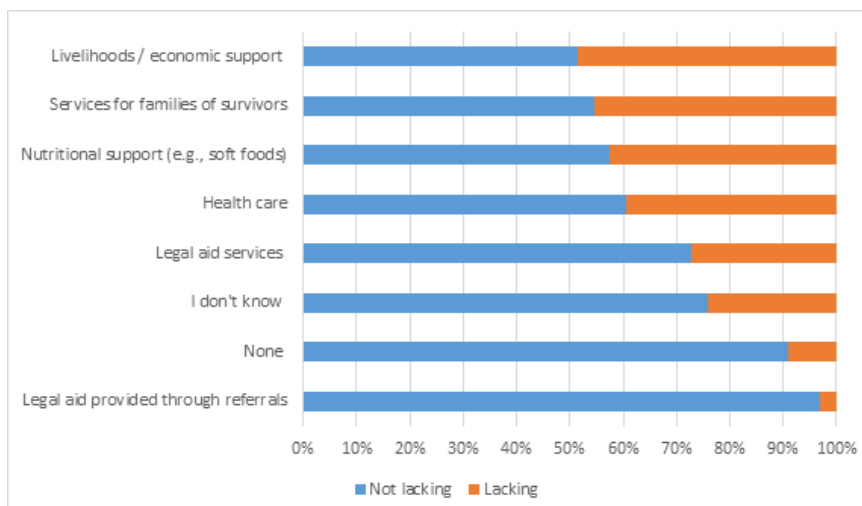
• **Fears of repercussions**

Some refugees, particularly in Jordan and Lebanon, were concerned that reporting sexual violence would prompt refoulement. Wael, a young Syrian man in Jordan, commented, “If you go to police, they will send you back to Syria, so no one goes to them anymore. Even sexual abuse, both parties would be sent back.” Informants in Jordan confirmed that some refugees had indeed been forcibly returned to Syria, although the circumstances are unclear. Refugees in Lebanon worried that reporting SVM to the police would reveal their legal status, resulting in refoulement. Other refugees voiced concerns that disclosure would interrupt the resettlement process or result in the revocation of aid. Riad, a Syrian refugee in an undisclosed location, commented that providers themselves may be afraid of repercussions for reporting or documenting violence. He described a doctor’s response to his kidnapping in his country of asylum: “I was taken for two days. They beat me up - they tore up my clothes and they beat my genitalia. Afterwards I went to the doctor, and he was scared to write who did this to me. He didn’t write the name on the medical form even though I told him... [because] they are known criminals.”

• **Limited services in rural and peri-urban areas**

Service availability is concentrated in urban areas and camp settings. Few sexual violence-related services for men and boys are available in peri-urban and rural areas, and refugees often face barriers traveling to urban settings to access care. Transport costs may be prohibitive. Key informants and refugees in Lebanon commented that refugees without proper documentation would not risk harassment or arrest if they needed to travel through a checkpoint to access services.

Figure 1. “What services are lacking for male survivors in your setting?”



• Legislative barriers

Legislative barriers as well as lack of or inaccurate information about laws prevent or deter male survivors from accessing services. The Jordanian and Lebanese penal codes define rape as an act carried out by a male perpetrator against a (non-spousal) female victim.¹⁶⁶ Legal redress for male survivors can be pursued under other provisions, such as indecent assault and sodomy; however, these carry lesser punishments. In KRI, under the Iraqi Penal Code, the law recognises that men and boys can be victims of rape, although rape is narrowly defined as penetrative penile sex and does not include penetration with objects or other body parts.¹⁶⁷ Other common forms of conflict-related SVM, such as being forced to perpetrate rape, are excluded. The penal codes do not recognise female perpetrators of SVM.

The public nature of pursuing a case is a strong deterrent for survivors, particularly as it requires facing the perpetrator in court. One informant working with LGBTI survivors explained that none of his clients have pursued legal action because the incident would become publicly known and bring shame on the family.

“There are **no legal pathways** [to address SVM] inside the camp.”

-Noura, Women’s FGD, KRI

Iraq, Jordan, and Lebanon maintain laws that require mandatory reporting of sexual violence by health providers and other officials to the police or other authorities, which discourages survivors who do not want to pursue legal action or who fear public scrutiny from accessing health services. Efforts have been made in each country to modify this requirement. In Lebanon, the Ministry of Public Health recently allowed adult survivors to waive mandatory reporting requirements, but some health providers are unaware or unclear of this decision and continue to report. In Iraq, mandatory reporting is in place for all public officials, yet health staff are directed to prioritise the provision of life-saving services, and the survivor has the option to waive legal proceedings. It remains unclear whether non-governmental health providers are required to report survivors to the police. In Jordan, all service providers must report sexual violence under the Family Violence Protection Law, although there are no criminal consequences for non-compliance.

Male survivors, particularly LGBTI refugees, face further barriers to seeking services or reporting victimisation as they can be prosecuted under “public morality”-based laws. Non-LGBTI survivors can be prosecuted as the physical act is criminalised rather than the intention of the parties involved. Participants in the LGBTI FGD reported that they had declined to seek services after sexual violence due to fears of health providers reporting them for being gay.

• Time constraints

Men and boys who work face difficulties in accessing available services as many are only open during traditional business hours. Key informants reported challenges in hiring staff or volunteers to work in the evenings and on the weekends when men and boys have more availability.

¹⁶⁶ Jordan, The Penal Code for the Year 1960, Article 292, and Lebanon, Code of Criminal Procedure, Article 503.

¹⁶⁷ Iraq, Penal Code, Law No. 111 of 1969, Article 393.

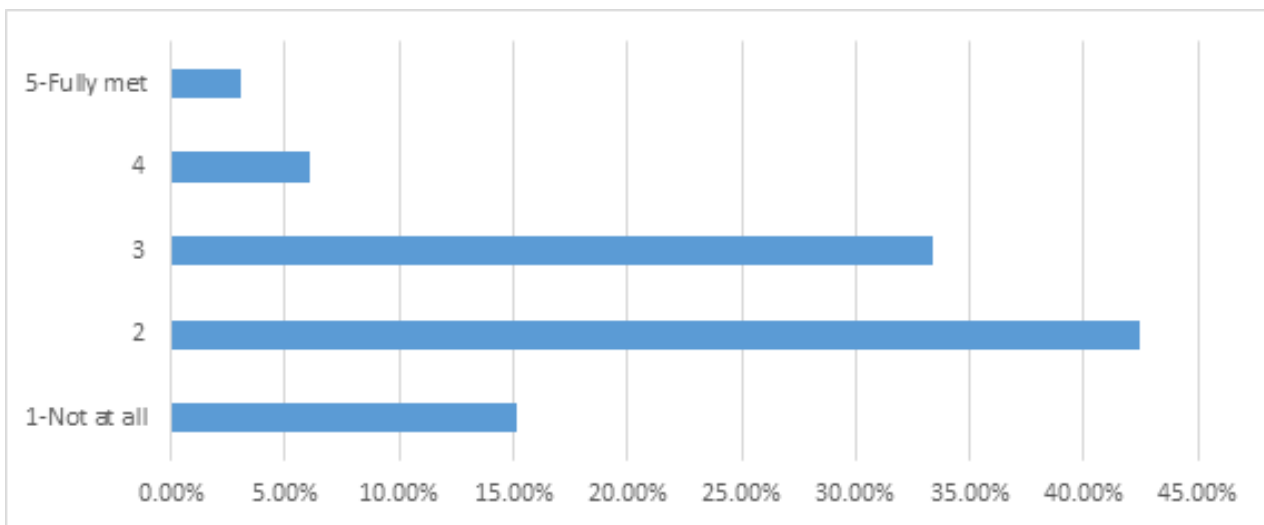
9. BARRIERS TO SERVICE PROVISION

While progress has been made in advancing sexual violence-related services, implementation challenges remain, including limited funding, a shortage of qualified staff, insecurity, and cultural sensitivity concerns. Provision of services for male survivors face additional barriers.

- **Lack of clarity on sectoral and institutional responsibility**

Whereas child protection and SGBV actors are jointly responsible for addressing sexual violence against boys, key informants were unclear of the sectoral and institutional responsibility for addressing sexual violence against adult men. Advancements related to sexual violence against adult men in the study settings were undertaken by individual champions, resulting in ad hoc and unsustainable efforts.

Figure 2. “In your opinion, to what extent are the needs of male survivors being met in your setting?” (Results by Survey respondents’ - n=33)



This dilution of leadership and accountability impedes inter-agency coordination and service implementation. Some informants expressed concern that addressing sexual violence against adult men would fall entirely to the SGBV Area of Responsibility, which is already struggling to meet the needs of women and girls. One SGBV Officer in KRI felt that a different sector should be tasked with addressing SVM, commenting that “forcing GBV partners to respond isn’t going to solve the problem.” Another SGBV officer in KRI noted that, “I can’t run a men’s centre and run a [women’s] GBV program. I think attention will be diverted because I don’t have the expertise to run the men’s centre. One [the women’s GBV program] would get more.” Others voiced concerns that UNFPA, a leading SGBV agency, focuses on sexual violence against women and girls and reportedly does not engage with males as survivors; no other agency has systematically stepped up to fill the gap.

“What kills me is that it [addressing SVM] continues to create all this tension. It’s not an add on, you can’t just add it to a document. It shouldn’t be an add on to a GBV program. The way it’s currently done is creating so much tension. We are not clear on who we work with.”

-SGBV Officer, KRI

The confusion and tensions around addressing SVM in the field reflect the current debate at the global level regarding SGBV, in particular whether humanitarian SGBV programming should remain focused on women and girls.¹⁶⁸ Clarity regarding the scope of the SGBV sector as well as the institutional and sectoral responsibility for sexual violence against adult men is urgently needed to ensure that complementary services are available for all survivors.

“I used to not care so much [about sexual violence against men and boys] - it was not my priority. I started becoming an advocate once I saw what’s happening with men in this crisis - what you see makes you cry. Not just sexual violence but their whole range of needs. **They are neglected. We need to identify an agency to take the lead on this issue. Someone needs to focus on this.**”

–SGBV Officer, KRI

• Knowledge and attitudes among humanitarian staff

Most key informants were aware of SVM and identified it as a gap in their setting’s respective responses to sexual violence. At the same time, limited or inaccurate knowledge as well as negative attitudes among some humanitarian staff impeded advancement of SVM-related efforts (see Annex C for selected quotes). **Among survey respondents, 87.9 per cent (29) had heard of an incident of SVM and 60.6 per cent (20) had heard of an incident of sexual exploitation against men and boys in their setting.** Seven informants disclosed not having considered the issue before the interview for this study.

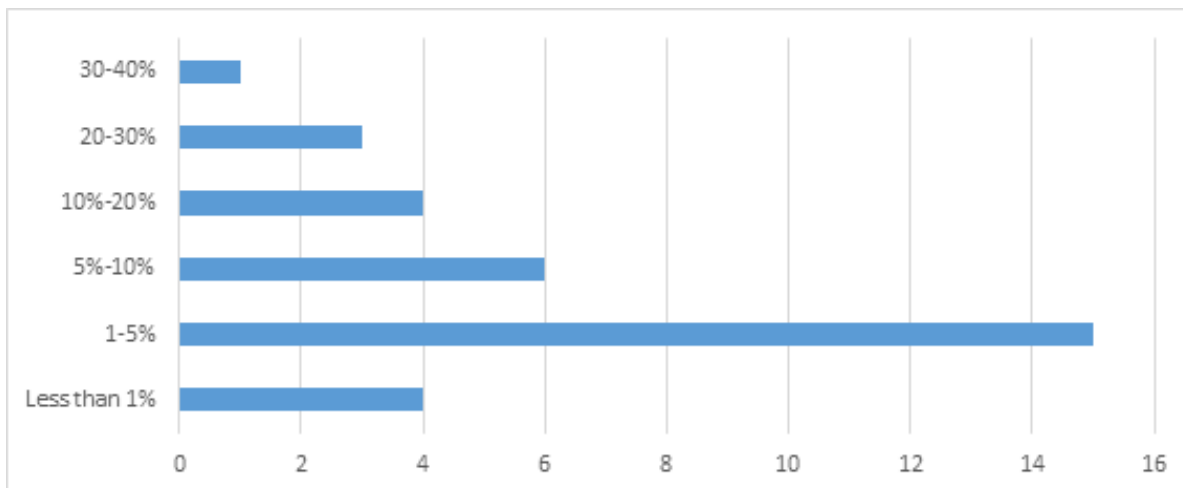
“No, I’ve never heard of this issue [of SVM]. I don’t think this is happening. Boys are not neglected here.”

–Reproductive Health Officer, KRI

Many informants acknowledged the suffering of male survivors, but assumed men and boys comprised a small fraction of sexual violence survivors. “If I have 92 per cent female survivors, I don’t have time to focus on the 8 per cent,” commented an SGBV officer in Jordan. Survey respondents were asked to estimate, to the best of their ability, the percentage of male survivors among all refugee rape survivors in their setting (Figure 1). The majority (57.6 per cent or 19) estimated that males comprise 5 per cent or less of all rape survivors in their setting. **According to GBV IMS data, men and boys constitute a small percentage of overall SGBV survivors: of all reported SGBV incidents, 8 per cent in Lebanon and 8.4 per cent in Jordan were against men and boys. However, among rape and sexual assault survivors, male survivors comprise a greater proportion of the total: of incidents of rape reported to GBV IMS, 22 per cent in Lebanon and 15 per cent in Jordan were against males.** Almost all informants highlighted that SVM was significantly under-reported, and thus the proportion of male survivors of rape and other types of sexual violence may be higher.

¹⁶⁸ cf. Jeanne Ward, “It’s not about the gender binary, it’s about the gender hierarchy: a reply to ‘Letting go of the gender binary’”, *International Review of the Red Cross*, vol. 98, No. 901 (2016), 275–298. Chris Dolan, “Letting go of the gender binary: charting new pathways for humanitarian interventions on gender-based violence”, vol. 96, No. 894 (2014), pp. 485-501. Sophie Read-Hamilton, “Gender-based violence: a confused and contested term”, *Humanitarian Exchange*, No. 60 (February 2014). Available from <http://odihpn.org/magazine/gender-based-violence-a-confused-and-contested-term/>.

Figure 3. ” To your best estimation, what percentage of refugee rape survivors in your setting are male?” (Result by Survey respondents’ n=33)



“[SVM] is a really important topic, but looking at it from a bird’s eye view, we know where our priorities are with respect to the huge GBV needs here, given the numbers we are dealing with. It is pretty clear where we need to focus.”

–Protection Officer, KRI

The online survey suggested that some humanitarian staff may not recognise the vulnerabilities of men and boys to sexual exploitation. Among survey respondents, 57.6 per cent (19) believed that men and boys were “not at all at risk” or “at little risk” of sexual exploitation in their setting. Only two respondents (6.1 per cent) believed that men and boys were “at risk” and one reported that they were “very at risk” in their setting. Given the findings outlined above, awareness-raising among humanitarian staff of the vulnerabilities of boys and men to sexual exploitation is imperative.

A few key informants expressed concern that addressing SVM would divert attention and limited resources away from women and girls, whose multi-faceted SGBV-related needs are far from met. Indeed, women and girls bear the brunt of sexual violence and are subject to a broad range of SGBV, to which humanitarian actors in the region are struggling to adequately respond. Specialised, targeted programming is requisite to adequately address women and girls’ needs. Other informants emphasised that programming for both men and women should be developed: “This mentality that ‘inclusion [of males] means exclusion [of females]’ needs to be pushed against... We need to move beyond that, to have a feminist framework that includes working with men and boys,” commented a protection officer in Lebanon.

Negative or dismissive attitudes by some humanitarian actors impeded advancement of SVM-related efforts. Among survey respondents, **Almost half (45.5 per cent or 15) reported that addressing SVM was a low or very low priority among SGBV actors in their setting;**

Figure 4. “In your opinion, how much of a priority SHOULD addressing sexual violence against men and boys be in your setting?” (Results by Survey respondents’ - n=33)

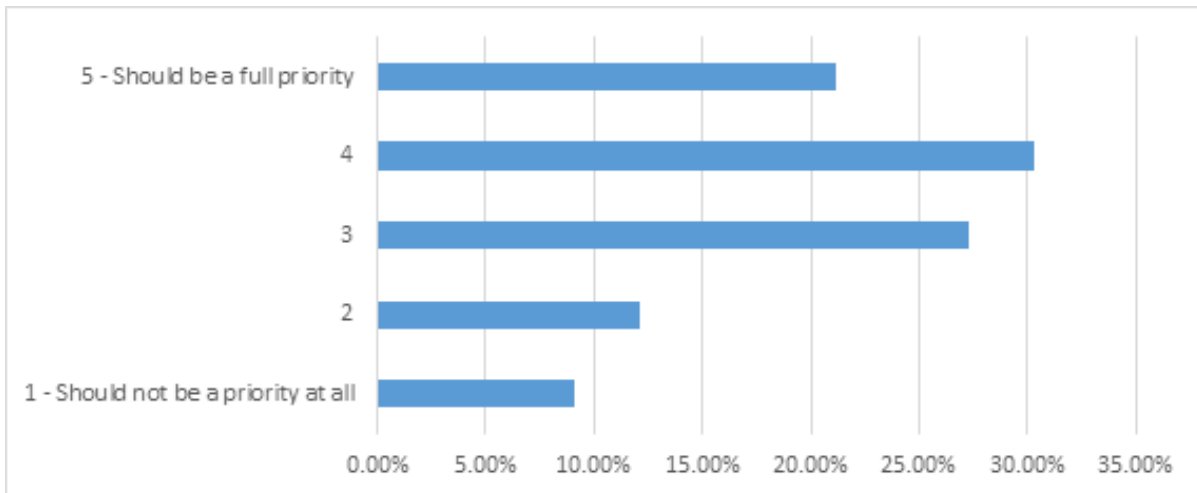


Figure 5. “For your organisation, how much of a priority IS addressing sexual violence against men and boys in your setting?” (Results by Survey respondents’ - n=33)

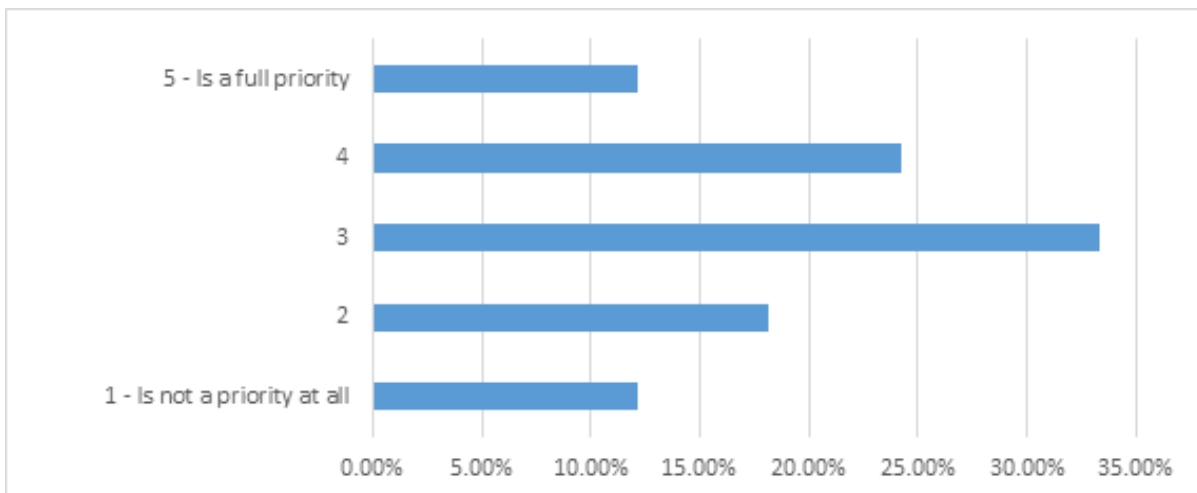
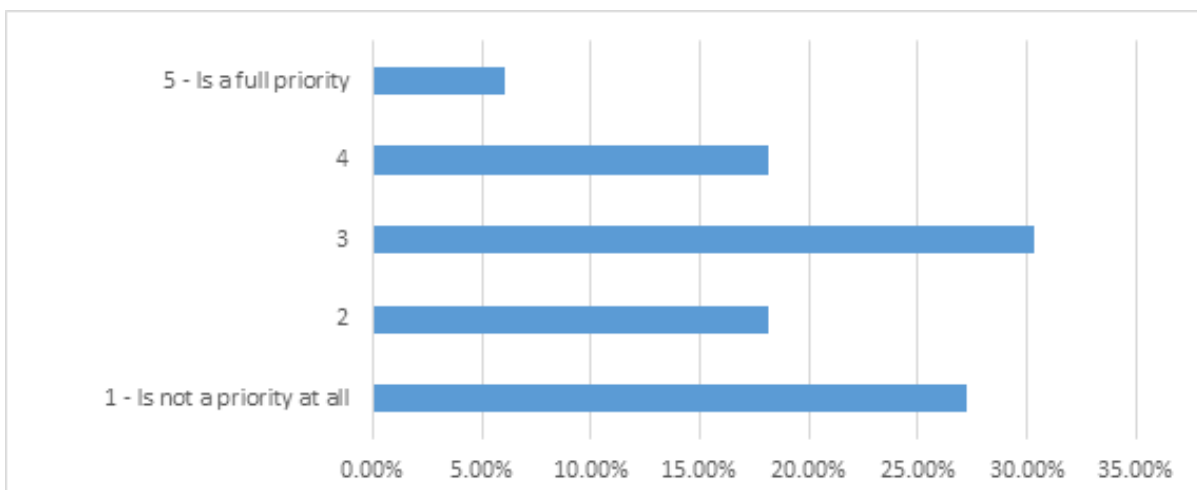


Figure 6. “Among the SGBV actors in your setting, how much of a priority IS addressing sexual violence against men and boys in your setting?” (Results by Survey respondents’ - n=33)



One interviewee disclosed, “When people heard about this study, they rolled their eyes.” A few key informants shared examples of humanitarian colleagues attempting to undermine efforts related to SVM, including obstruction of information-sharing and removal of SVM-related language from inter-agency documents. The perceived low priority of SVM among SGBV actors could also reflect the ambiguity regarding whether the SGBV sector is responsible for addressing SVM.

“I’ve heard GBV specialists here say the focus has to be on women and girls – I’ve heard this explicitly said. It surprised me. I’m not of the same view. This attitude from someone from a UN agency who is in the position to fund programmes, who has power - that is concerning. **It’s the institutional stance that is concerning.**”

–Child Protection Officer, KRI

Informants also reported that homophobic and dismissive attitudes towards LGBTI issues hindered efforts to address SVM. An SGBV officer in Jordan described, “UNHCR is trying to address LGBTI issues...but there is resentment from everyone. I can’t even forward emails on this issue within my organisation...I can’t talk about this issue. No one is interested in it, none of the international agencies, the key organisations aren’t interested. Only UNHCR is doing this and some small local organisations.”

• Limited evidence base

Key informants reported that limited research on SVM—and the absence of an evidence base for effective SVM-related interventions—prevents humanitarian actors from implementing services. They pinpointed reliable data as a key barrier to advocating to donors, senior management, and colleagues as some believe SVM is rare or even non-existent. These comments echo a similar pushback against addressing SGBV against women and girls in the early 2000s, when some humanitarian actors demanded evidence before funding or implementing SGBV services. This assumption has since been dispelled, and inter-agency guidelines clearly state that services for all sexual violence survivors should be in place with or without data.¹⁶⁹

Interviewees noted that global guidelines, good practices, and other materials related to sexual violence in humanitarian settings largely focus on women and girls, with some inclusion of boys. They worried about “doing more harm than good” given the lack of guidance, the vulnerability of survivors, and the potential for injury and other adverse effects resulting from inappropriate or poor quality interventions. Other informants felt strongly that agencies should start piloting programmes for male survivors and at-risk males, citing formerly neglected areas such as LGBTI issues, disabilities, and SGBV against women and girls that once lacked an evidence base and are now increasingly addressed.

A common refrain among key informants was that undertaking research or engaging the community on the issue of SVM “is just too hard”. The deep sensitivities and taboos surrounding SVM deter researchers, humanitarian staff, and refugees themselves from broaching the topic.

¹⁶⁹ The revised IASC GBV guidelines state, “Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete ‘evidence.’” Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, (2015), p. 2.

“This issue [of SVM] is so touchy that even the investigators with the [International Independent] Commission of Inquiry, they won’t ask or bring it up. It is too delicate when they talk to men and boys. There is a lot stigma that goes all the way to the top of humanitarian response and researchers. It explains why **we have so little information.**”

–SGBV Officer, Lebanon

Key informants also expressed concerns that agencies were undertaking SGBV and vulnerability-related assessments that were solely focused on women and girls. A 2016 SGBV assessment in Iraq by UNFPA, for example, aimed to “identify the gaps in GBV service provision and factors limiting the access of refugees and IDPs (women, girls, men and boys) to available services” [emphasis added].¹⁷⁰ However, it focuses exclusively on women and girls; no FGDs with displaced men or boys were conducted. This example highlights the tension between many SGBV actors’ priority of focusing on women and girls while also being expected to address men and boys’ sexual violence-related concerns. Men and boys deserve adequate attention, and SGBV staff need clear direction regarding their target populations. Again, clarity is needed regarding whether and to what extent the SGBV sector should address SVM or if another sector is better positioned. An NGO director in Lebanon noted, “We just add men and boys to a proposal to look good. It’s just a sentence - no one really cares about it.”

“When the conflict [in Syria] started, the only thing people cared about was sexual violence against women and girls. A number of assessments said it’s a big problem – which it is – but that doesn’t mean it’s not happening to men and boys! All these assessments, these reports, they are ignoring male victims. **We know violence is prevalent against women but what is happening with men and boys?** No one is talking about them, no one is asking the right questions.”

–Protection Officer, Jordan

• Lack of donor interest

Informants reported that sexual violence-related funders are not sensitised to SVM and prefer to focus on women and girls. Donors have rejected or pushed back on proposals that included sexual violence-related interventions for men and boys. Informants underscored the need to educate donors on SVM, with an NGO director in Lebanon noting, “We have been fighting with our donors to provide these services for men... but it is not appealing to them. It is not perceived as a priority.” It is important to note that, globally, the SGBV sector is chronically underfunded, and financial support is insufficient to meet the myriad needs of women and girls in the Syria crisis. Further exploration of funding pools and mechanisms to sufficiently address the sexual violence-related needs of men, boys, and LGBTI persons without compromising targeted funding for women and girls is imperative.

Two representatives from donor governments were interviewed for this research, both of whom noted that their agencies may consider funding SVM-related interventions in the future. They highlighted that evidence on SVM is critical to unlock funding.

- **GBV IMS challenges**

Across settings, informants voiced concerns regarding GBV IMS data on male survivors. Some data gathering organisations that feed into the GBV IMS classify sexual violence in detention as torture rather than SGBV, and thus do not report sexual torture incidences to the GBV IMS. All SGBV incidences, no matter when they occurred, should be reported to the GBV IMS, contingent on the consent of the survivor.

“We classify cases as torture or GBV. If we consider the [sexual] torture of people as GBV, then we will have too many. **We consider detained people as tortured and people outside of detention as GBV.**”

–SGBV Officer, Jordan

- **Narrow definition of vulnerability**

“Women are seen as weak, and **this requires a change in our perception and definition of vulnerability. We get so stuck in our boxes about what makes people vulnerable.** We don’t go in-depth with semantics and subtleties from one response to another. We just make all these assumptions for each response. Why can’t people see that they use sexual violence as a weapon in war to emasculate men? Why don’t people see that as a vulnerability? Is it because the normal voice [in humanitarian response] is male? Is it because the men involved in war don’t discuss this? Are [humanitarian staff] being manipulated because men control the dialogue?”

–Protection Officer, Jordan

Addressing the needs of vulnerable populations is a driving precept of humanitarian aid. Vulnerable groups include female-headed households, unaccompanied children, the elderly, LGBTI, persons living with HIV, and persons with disabilities, among others. Able-bodied, heterosexual men and older adolescent boys are generally not included in definitions or conceptualisations of vulnerability, and a number of key informants remarked that humanitarian actors categorise men and older boys as either perpetrators or allies. This construction of vulnerability is reinforced by images of women, children, and the elderly—and the absence of young or middle-aged men and older boys—in vulnerability-related assessments and reports.¹⁷¹ Narrow definitions of vulnerability perpetuate notions of the incompatibility of men and victimisation, particularly sexual victimisation, and obscure the sexual violence-related vulnerabilities of men. The director of an NGO in Lebanon commented, “Since the beginning of the crisis, it’s all about women and girls – only these are seen as vulnerable. Men and boys are totally totally forgotten. It is very difficult to victimise men. Only gay men can be victimised. The concept of victimising men is impossible.”

¹⁷¹ A notable exception is IRC’s 2016 vulnerability assessment among Syrian men in Lebanon; however, the report did not explore SGBV-related vulnerabilities.

Increasing access to services: Brainstorming

“If an NGO set up a centre [for male survivors], of course no will come at the beginning. The same thing happened with the women. When the women’s protection centres were first started, everyone said it was for [women with ‘bad’ reputations]. But they kept going and now they are accepted. Now we send our daughters. It is ok... NGOs just have to do this and the men will come, eventually.” –Yousef, Men’s FGD, KRI

Informants and refugees brainstormed ways to increase male survivors’ access to services. Suggestions included:

- Raise awareness about SVM among women to help them identify signs of victimisation and encourage their husbands and sons to seek care.
- Pilot remote therapy by Skype to assuage confidentiality fears.
- Train staff to pay attention to the way men and boys sit; if they are injured through sexual violence, it can show.
- Create animated videos for police officers about how to appropriately manage cases of sexual violence against men and boys.
- Create animated videos about sexual violence against males and females and play them in refugee waiting areas, such as a health clinic.
- Raise awareness among the community about the availability of rectal surgery by masking the sexual violence aspect. For example, tell the community that confidential medical services may be available for haemorrhoids and related rectal issues.
- Engage and sensitise religious leaders.
- Increase usage of the rainbow sticker, which is universally recognised among LGBTI persons, to indicate safe spaces for LGBTI refugees
- Promote “men’s health services” without specifying sexual violence. [Ensure these efforts are complemented by protection-sensitive analyses of policies such as mandatory reporting of sexual violence cases by health providers to the police, which could raise additional protection risks.]
- Raise awareness and encourage reporting through material projects, such as livelihood initiatives, that are of interest to men.
- Establish a centre for “men affected by the war” that provides individual and group support for former male detainees.

“We need to see living examples of [male survivors] who came forward and benefitted, who actually got better. Once we see this, then others will come.” –Khalil, Men’s FGD, Jordan

10. CONCLUSION

Sexual violence in conflict and against displaced persons—women, men, girls, and boys—is a grave human rights violation with far ranging psychological, social, physical, and economic consequences. **Despite popular conception, men and boys are targeted for sexual violence in many conflicts and are vulnerable to sexual violence and exploitation in countries of asylum.** In the Syria crisis, an unknown number of men and boys are suffering sexual violence including sexual torture by numerous parties to conflict within Syria, and some are subjected to sexual violence and exploitation as refugees in surrounding countries.

The findings from this study indicate that **a vicious cycle is in place:** due to ad hoc service availability, limited community outreach, and sociocultural and other barriers, services are inaccessible to many male survivors, who therefore report less, which in turn limits the evidence base to respond and reinforces myths that SVM is rare—thus limiting the availability and accessibility of services. This cycle must be disrupted, which a handful of agencies have begun to do. Promising efforts in awareness-raising, prevention, and service implementation were identified across the three settings, and a number of refugees acknowledged the need to adequately address SVM. These efforts and enabling factors should be consolidated and built upon as there remains an urgent need to systematically prevent and respond to SVM.

This research also challenges the assumption that the topic of SVM is too taboo to broach with traditional communities, and male survivors in particular. The findings demonstrate that some **members of conservative populations—at least within the context of the Syria crisis—do indeed speak about SVM under certain circumstances.** In fact, a number of refugees, including some male survivors, were eager to discuss the topic, which they identified as a key issue in their community. The misconception that humanitarian actors are unable to address SVM because “men don’t talk about these things” must be dispelled.

Men, boys, and LGBTI persons require their own targeted interventions, and areas of overlap with SGBV programming focused on women and girls should be identified. Pressuring women-centred programmes to meet the needs of men and boys is ineffective and potentially harmful, and a “gender-neutral” or diffuse approach does not serve the interests of any group. The drivers and impact of sexual violence against men, boys, and LGBTI persons share similarities with sexual violence against women and girls, but also important distinctions. Prevention and response approaches designed for women and girls cannot simply be replicated. Indeed, efforts to address sexual violence against men and boys must not detract from or encroach upon specialised SGBV programmes for women and girls. Women and girls face vast SGBV concerns, far beyond sexual violence alone. The SGBV sector remains sorely underfunded, and many women and girls do not have adequate access to SGBV services. Programmes for women and girls, men and boys, as well as LGBTI persons, respectively, require sustained, complementary funding and attention.

Addressing SVM can benefit entire communities, including women and girls. The treatment of male survivors can help them better understand and address SGBV against women and girls;¹⁷² treatment may also help reduce violence within the home and improve overall family wellbeing. Overlooking the needs of male survivors of sexual violence can perpetuate cycles of violence.¹⁷³ The inclusion of men and boys into sexual violence-related research and assessments can help deepen our knowledge of sexual violence in conflict and displacement, including ways to improve prevention, response, and community reintegration efforts for both men and women. Integrating men into conceptualisations of vulnerability and victimisation can disrupt destructive stereotypes

¹⁷² Charli R. Carpenter, “Recognizing gender-based violence against civilian men and boys in conflict situations”, *Security Dialogue*, vol. 37, No. 1 (2006), pp. 83-103.

¹⁷³ Monica A. Onyango and Karen Hampanda, “Social constructions of masculinity and male survivors of wartime sexual violence: an analytical review”, *International Journal of Sexual Health*, vol. 23, No. 4 (2011), pp. 237-247.

of women as weak and defenceless. Finally, the inclusion of SVM forces the recalibration of the scope and magnitude of sexual violence in conflict: the burden of sexual violence on conflict-affected communities as a whole is higher than on women and girls alone, and this demands increased attention to the issue, including from donors.

This study sheds light on the under-explored issue of SVM in the Syria crisis, and offers a starting point for further investigation. Much more attention is needed to better understand the scope, nature, and impact of SVM, as well as how to meet the needs of male survivors. Though the extent of SVM remains unclear, we do know that Syrian and PRS men and boys have been and continue to be subject to sexual violence. They—like all survivors of sexual violence—need and have a right to comprehensive, good quality, life-saving care and support.

RECOMMENDATIONS

An intersectional¹⁷⁴ approach to SVM is recommended. An intersectional approach can help humanitarian actors better identify an individual's or group's multi-layered social identities and vulnerabilities, understand how they manifest and intersect, and develop appropriate responses. A “gender-neutral” approach to sexual violence risks obscuring the distinct vulnerabilities and needs of women, girls, men, and boys, while a “gender-sensitive” frame ignores important power structures such as patriarchy and heteronormativity that are critical to take into account. Targeted interventions, such as female-, male-, or LGBTI-only spaces, should be maintained and expanded, while areas of overlap among these groups, such as training health workers on the clinical management of rape, should be identified. Diffuse or overly broad programmes should be avoided.

Confusion remains regarding where the institutional and sectoral responsibility for the prevention and response to sexual violence against adult men sits within the humanitarian architecture, and specifically whether the SGBV sector or another sector should implement programmes for men and boys. This requires urgent clarification at the global level. **It is imperative that good quality, accessible services for men, boys, and LGBTI persons are put in place while maintaining the integrity of women-centred SGBV programmes.**¹⁷⁵ For the purposes of the Syria response in the three study settings, it is recommended that the burden of addressing sexual violence against adult men does not fall on the SGBV sector alone: a multi-sectoral effort involving protection, MHPSS, health, and other actors is necessary for an effective response. The following practical recommendations are specific to SVM and complement existing SGBV- and LGBTI-related recommendations.¹⁷⁶

¹⁷⁴ Intersectionality refers to the interconnected nature of social identities such as gender, sexual orientation, social class, ethnicity, nationality, age, among others, and how the intersection of these identities creates interdependent systems of oppression and marginalisation. Intersectionality highlights how multiple forms of social inequality, such as sexism, racism, and homophobia, operate together and reinforce one another on a multidimensional basis. (See works by scholars Kimberlé Crenshaw and Patricia Hill Collins.)

¹⁷⁵ Addressing sexual violence against boys is the joint responsibility of the Child Protection and SGBV sectors. This model could be considered for addressing sexual violence against adult men: a partnership between Protection and SGBV could be developed, such that Protection leads programming for men, boys, and LGBTI persons and coordinates with the SGBV sector on areas of key overlap, such as community awareness-raising around sexual violence or trainings on the clinical management of rape.

¹⁷⁶ cf. United Nations Population Fund, Report on the GBV Assessment in Conflict Affected Governorates in Iraq (November 2016); United Nations High Commissioner for Refugees, Protecting Persons with Diverse Sexual Orientations and Gender Identities: A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees (2015); Heartland Alliance International, 'No Place for People Like You': An Analysis of the Needs, Vulnerabilities, and Experiences of LGBT Syrian Refugees in Lebanon (2014); International Rescue Committee, Are We Listening? Acting on Our Commitments to Women and Girls Affected by the Syrian Conflict (2014).

Humanitarian actors must first raise awareness among and build the capacity of providers and responders, enhance national-level coordination, implement services, and establish or expand functioning referral pathways before awareness-raising among the community is initiated. It is critical to comply with “do no harm” principles and strengthen confidentiality in order to protect male and LGBTI survivors from potential reprisals for disclosing SVM or seeking services, which can in turn facilitate improved identification and reporting. Involvement of men and boys, in particular male survivors, male service providers, and LGBTI persons, in program design, implementation, and evaluation as well as engagement with the community as a whole in prevention and response efforts, particularly through community-based initiatives, is essential.

Country-level Recommendations

In the three study settings, it is recommended that:

The SGBV Sub-Working Groups:

1. Take the lead on addressing SVM, including coordinating, advocating, and mainstreaming intersectional approaches to sexual violence, or identify another Working Group (such as Protection) to drive these efforts. Ensure close coordination with Child Protection Sub-Working Group.
2. Consider establishing a temporary Task Force to identify key local issues related to SVM and ensure SVM-related efforts are effectively incorporated into the existing SGBV Sub-Working Group (or another designated working group). Task Force activities could include:
 - Mapping services and community networks where male survivors may be safely identified and disaggregating this according to type of sexual violence against men and boys.
 - Conducting a rapid assessment on SVM to further identify vulnerabilities and risks, gaps in services, barriers to accessing services, and unmet needs.
 - Working with communities and male survivors to identify and develop sensitive and culturally appropriate engagement strategies on SVM, including awareness-raising and ways to combat stigmatisation.
 - Developing a strategy to define common messages and share experiences and good practices.
 - Disseminating and promoting key findings from this study.
3. Conduct appropriate awareness-raising and initiate appropriate mechanisms to identify male survivors, once capacity has been strengthened, good quality services are in place, and functioning referral pathways are established.

UNHCR:

1. Support and reinforce the SGBV Sub-Working Group’s (or another designated Working Group’s) efforts to augment prevention and response to SVM.
 - Consider collaborating with Johns Hopkins University to pilot and locally contextualise the Assessment Screen to Identify Survivors Toolkit for Gender Based Violence (ASIST-GBV),¹⁷⁷ which has been adapted for male survivors of sexual violence.

¹⁷⁷ ASIST-GBV is the first evidence-based tool to screen for SGBV in humanitarian settings. Johns Hopkins University and the Refugee Law Project in Uganda have adapted the ASIST-GBV tool for male survivors of sexual violence.

- Train frontline staff, including registration and border staff, to improve awareness and reduce stigmatisation of male sexual violence victimisation and to better identify, engage with, and refer survivors of sexual violence.
- Promote capacity-building programmes to case management agencies, including the establishment of a peer-to-peer network among trained staff.
- Translate into Arabic and disseminate among partners 'Need to Know Guidance: Working with Men and Boy Survivors of SGBV in Forced Displacement'.

2. Expand LGBTI-focused protection efforts:

- Continue, expand, or initiate efforts to make reception and registration areas safe spaces for LGBTI persons.
- Promote a discrimination free-zone at the work place, in parallel with other initiatives to raise awareness among staff on LGBTI issues.

3. Clarify to implementing partners the availability of financial support for treatment of rectal trauma and other SGBV-related injuries.

National GBV IMS Steering Committees:

1. Continue encouraging enrolment of new data gathering organisations into the GBV IMS to expand the pool of users, including agencies providing case management services to male survivors.
2. Clarify among data gathering organisations that sexual torture should be reported as sexual violence to the GBV IMS.
3. Ensure SOPs for SGBV data collection, entry, management, and sharing are sensitive to and inclusive of male survivors, including adult men.
4. Systematically analyse and disaggregate data related to SVM and share with SGBV Sub-Working Group (and other relevant working groups) members.

SGBV, Protection, Child Protection, MHPSS, Health/Reproductive Health, Legal, and Security actors:

1. Strengthen cross-sectoral coordination on SVM and identify which sector and actor (including non-traditional actors) are best placed to provide services in settings where services are absent.
2. To the extent possible, ensure accessible, confidential services are provided in decentralised locations and barriers to movement addressed.
3. Build the capacity of staff to identify and refer male survivors to specialised services.
 - Identify/develop sector-appropriate trainings (and related materials) on SVM that address staff knowledge, attitudes, and technical skills, and emphasise confidentiality as well as tolerance, non-discrimination, and respect toward male survivors and LGBTI persons.

- Train social workers, case managers, outreach volunteers, registration staff, border staff, health providers, mobile teams, legal staff, family counsellors, and other relevant staff.
 - Guide staff to identify groups at high risk for sexual violence, including former combatants, detainees, torture survivors, LGBTI persons, men and boys with disabilities, male sex workers, unaccompanied male youth, men and boys involved in illegal labour.
 - Hire and sensitise male and LGBTI staff/volunteers in traditionally female-dominated roles, such as social workers, case managers, gender and SGBV focal points.¹⁷⁸
4. Implement measures to strengthen confidentiality and protect male survivors from potential reprisals for disclosing SVM or seeking services.
 5. Support reintegration of male survivors into the community, where this is assessed as conducive to their safety.
 6. Conduct appropriate awareness-raising and community outreach about availability and benefits of SVM-related services, once capacity has been strengthened, good quality services are in place, and functioning referral pathways are established.
 7. Integrate men and boys including LGBTI persons into relevant assessments and safety audits on sexual violence as well as relevant trainings, guidance, and communication materials, including images, examples, and role-plays.
 8. Integrate SVM into relevant strategies, such as 3RP and national crisis response plans.

SGBV actors:

1. Strengthen referral pathways for adult male survivors and ensure SOPs integrate adult and child male survivors.
2. Establish or strengthen targeted, sensitised case management for adult and child male survivors and ensure boys and men are integrated into case management guidelines and trainings.

Protection actors:

1. Prioritise prevention and risk mitigation efforts and engage men and boys in the development of prevention strategies.
2. Ensure consistent availability of safe shelter for at-risk males and male survivors, including boys, male youth, and adult men, as well as LGBTI persons, irrespective of nationality.
3. Increase and promote safe spaces and activities for men and LGBTI persons, without compromising safe spaces and activities for women and girls.

¹⁷⁸ All refugee men and boys in this study, apart from the LGBTI refugees, said that male survivors would prefer to work with male staff members. LGBTI refugees preferred female or LGBTI staff.

4. Increase access to legal services for male survivors by:

- Identifying positive areas of the law that protect survivors and promote accountability in relation to SVM, and promoting their consistent implementation.
- Identifying problematic areas of the law that impede access to justice or place male survivors at additional risk, and developing strategies to mitigate these risks.
- Developing coordinated advocacy to reform these laws to bring them into compliance with international standards.
- Supporting and training local police on sensitively and confidentially managing SGBV cases, including male survivors.

5. Expedite resettlement for at-risk LGBTI persons and other at-risk men and boys, and medical resettlement for male survivors with rectal trauma who are unable to receive adequate treatment in-country.

Child Protection actors:

1. Ensure child protection systems and services are sensitised to and inclusive of boy survivors, including referral pathways.
2. Increase and promote safe spaces and activities for boys and male youth, including LGBTI youth.
3. Prioritise addressing child labour, such as establishing effective safeguards against abuse and exploitation, increasing cash assistance to vulnerable families, and offering vocational training including to adolescents.
4. Where it is not possible to prevent or discontinue child labour, prioritise harm reduction strategies to ensure children are not also exposed to sexual violence and/or exploitation in work environments.
5. Integrate awareness of SVM into efforts to address violence in and on the way to schools, as part of overarching efforts to ensure all schools are safe learning environments.
6. Identify/develop materials specifically for boy survivors and adapt existing materials to adequately include boys including older adolescents and children with disabilities.
7. Explore and attempt to mitigate boys' risks to cybercrime.
8. Where possible, engage with Ministry of Education to train teachers to recognise and address bullying including cyber-bullying and child sexual abuse, and establish effective reporting systems.

MHPSS actors:

1. Ensure availability of sensitised male counsellors, therapists, and social workers, and identify focal points for male survivors.
2. Expand counselling to families of male survivors, with consideration of the wishes of the survivor and the best interest of child survivors.

3. Provide mental health support to boy perpetrators of sexual violence and treat them in line with juvenile justice principles.

Health including Reproductive Health actors:

1. Ensure clinical management of rape protocol and trainings include men and boy survivors.
2. Clarify mandatory reporting requirements and waiver options among health providers for adult survivors, and work to repeal mandatory reporting for adults and ensure mandatory reporting for children complies with children's best interest principles.
3. Support capacity building of Ministry of Public Health/Ministry of Health (MOPH/MOH) to train and sensitise health providers, including government, private, and NGO providers, on how to treat and counsel male survivors and support the establishment of health focal points for boys and men.
4. Identify referral facilities that have the clinical expertise to provide reparative surgery for male survivors with rectal trauma and ensure providers, including surgeons, are sensitised to male survivors.
5. Expand sexual and reproductive health information and services and include appropriate care for men and adolescent boys, including in relation to the availability of surgical procedures and treatments for injuries arising from sexual violence, such as fistulae and fissures.

Other:

1. Livelihoods: support vocational training and placement for male survivors, including appropriate livelihood support for LGBTI and survivors with comprised health.
2. Food Security: provide nutritional support, such as soft foods, for male survivors with rectal trauma.
3. WASH: provide support to survivors with rectal trauma who have additional washing and sanitation needs during post-surgery recovery.

¹⁷⁹ Consider rollout of MOSAIC guidance and training on clinical manage of rape for male survivors, available in Arabic and English: <http://www.mosaicmena.org/publications>.

Global-level Recommendations

At the global level, it is recommended that:

UNHCR:

1. Advance and advocate intersectional approaches to sexual violence at the global level.
2. Establish committee of multi-sectoral experts on SVM and LGBTI persons to support national and global efforts, including UN-mandated commissions of inquiry.
 - Consider establishing a community of practice to support learning and knowledge-sharing across and within different cultural contexts.
3. Integrate SVM into documentation and assessments, where appropriate.

Donors:

1. Support programmes to prevent and respond to SVM and LGBTI persons, without diverting much-needed funding to women and girls.
 - Build on and expand existing efforts addressing SVM.
 - Prioritise expansion of SVM-related services to rural and peri-urban areas.
 - Fund prevention and response efforts, including protection for male survivors and at-risk men and boys.
 - Pilot community-based programmes that address stigmatisation related to SVM.
 - Pilot innovative programmes and monitoring and evaluation to build evidence base on effective approaches that can be scaled.
 - Ensure men and boys, including male survivors including LGBTI survivors, are engaged in program design, implementation, and evaluation.
 - Ensure adequate funding to meet the needs of different groups, such as gay men and boys, transgender males and females, adult male sexual torture survivors, and sexually abused boys.
 - Recognise that effectively addressing SVM is a long-term, complex process requiring multi-year funding.
2. Support research, including detailed case studies, to better understand the nature, scope, and impact of SVM as well as ways to effectively prevent and respond to SVM in conflict and displacement.

KEY DEFINITIONS

Unless otherwise noted, all definitions are from the 2015 Inter-agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.¹⁸⁰

Conflict-related sexual violence refers to incidents or patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilisation, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e., a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.

Conflict-related sexual violence against men and boys includes oral and anal rape and attempted rape (including with objects), genital violence (including beatings, electric shock, and mutilation), castration, sterilisation, forced sexual activity with or sexual harm against other people (including family members) or corpses, sexual humiliation including forced masturbation of self and forced nudity, forced witnessing of sexual violence, and other forms of sexual violence of comparable gravity.¹⁸¹

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. The term "gender-based violence" is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.

Heterosexual refers to a person whose enduring physical, romantic and/or emotional attraction is to people of the opposite sex; also referred to as being "straight".

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) refers to individuals with diverse sexual orientations and gender identities.¹⁸² While acknowledging that the term "LGBTI" does not capture the wide diversity among non-heterosexual and gender variant persons, this report uses the term "LGBTI" given its common usage and for ease of reading.

¹⁸⁰ Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, (2015). See Annexes 2 and 3 for additional definitions regarding sexual orientation, gender identity, and gender-based violence. Available from <http://gbvguidelines.org/>.

¹⁸¹ cf. Sarah Solangon and Preeti Patel, "Sexual violence against men in countries affected by armed conflict", Conflict, Security & Development, vol. 12, No. 4 (2012), pp. 417-442; Sandesh Sivakumaran, "Sexual violence against men in armed conflict", European Journal of International Law, vol. 18, No. 2 (2007), pp. 253-276.

¹⁸² United Nations High Commissioner for Refugees, Protecting Persons with Diverse Sexual Orientations and Gender Identities: A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees (2015).

Rape is physically forced or otherwise coerced penetration—even if slight—of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

Sexual abuse refers to the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual assault is any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.

Sexual exploitation refers to any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.

Sexual harassment refers to unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.

Sexual violence includes, at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.” Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Sexual and gender-based violence (SGBV) See Gender-based violence. UNHCR consciously uses [SGBV] to emphasise the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims/survivors and their families.

Sexual torture See Torture. Sexual torture includes violence against the sexual organs, the introduction of foreign bodies into the vagina or rectum, rape and other forced sexual acts, and mental sexual assault such as forced nakedness, sexual humiliation, sexual threats, and the forced witnessing of sexual torture.¹⁸³

Torture consists of severe pain or suffering, whether physical or mental, inflicted for such purposes as obtaining information or a confession, exerting pressure, intimidation, or humiliation.¹⁸⁴

Transgender describes people whose gender identity and/or gender expression differs from the sex they were assigned at birth.

¹⁸³ Roger Byard and Jason Payne-James, *Encyclopedia of Forensic and Legal Medicine* (Academic Press, 2015).

¹⁸⁴ International Committee of the Red Cross. Torture and other forms of ill-treatment, “The definitions used by the ICRC”, 1 January 2016. Available from <https://www.icrc.org/en/document/torture-and-other-forms-ill-treatment-definitions-used-icrc>.

ANNEX A. GBV IMS STATISTICS

Survivor, incident, perpetrator, and referral pathway statistics for male survivors in Jordan from May 2014 to August 2016

	Incidents against males of all nationalities* (n=67)	Incidents against Syrian males only (n=47)
Total incidents of sexual violence	67	47
Rape	63% (42)	57% (27)
Sexual assault	37% (25)	43% (20)
% total sexual violence incidents reported by males and females of all nationalities	15%	10%
Age of survivors		
Adults (18 yrs & older)	34% (23)	15% (7)
Children (17 yrs & younger)	66% (44)	85% (40)
Children under 11 yrs	46% (31)	66% (31)
Country of incidence		
Jordan	72% (48)	87% (41)
Syria	9% (6)	13% (6)
Other	19% (13)	-
Incident location		
Perpetrator's home	22% (15)	28% (13)
Street	19% (13)	19% (9)
Survivor's home	13% (9)	11% (5)
Prison / police	10% (7)	9% (4)
Other		
Alleged perpetrator / survivor relationship		
No relation	58% (39)	51% (24)
Family friend or neighbour	13% (9)	19% (9)
Schoolmate	6% (4)	9% (4)
Other	22% (15)	21% (10)
Time between incident & date of interview		
0-3 days	15% (10)	15% (7)
4 days – month	27% (18)	40% (19)
More than 1 month	58% (39)	45% (21)
Number of primary perpetrators		
1 perpetrator	61% (41)	66% (31)
2 perpetrators	13% (9)	15% (7)

3 perpetrators	6% (4)	2% (1)
More than 3	18% (12)	17% (8)
Unknown	1% (1)	-
Alleged perpetrator age group		
Minor	30% (20)	40% (19)
Adult	70% (47)	60% (28)
Referral pathway		
Self-referral	76% (51)	68% (32)
Other (health, legal, police, etc)	24% (16)	32% (15)

ANNEX B. AGENCIES PROVIDING TARGETED SERVICES TO MALE SURVIVORS OF SEXUAL VIOLENCE

KRI		
1	Iraqueer	PSS, case management
2	Rasan Organization	Case management, PSS
3	Wchan Organisation for Victims of Human Rights Violations	MHPSS
4	Women's Rehabilitation Organization	Case management, PSS
5	UNHCR	Cash assistance, resettlement, legal aid, PSS
Jordan		
1	Arab Renaissance for Democracy and and Development (ARDD-Legal Aid)	Legal aid
2	Center for Victims for Torture	MHPSS
3	Institute for Family Health	Case management, PSS
4	Jordan River Foundation	For boy survivors only: PSS, case management, safe shelter
5	UNHCR	Cash assistance, resettlement, legal aid, PSS

Lebanon*		
1	Caritas	Legal aid, cash assistance
2	Centre Nassim	MHPSS
3	Danish Refugee Council	Case management, legal aid, PSS
4	Heartland Alliance International	Cash assistance
5	Helem (LGBTIQ-focused)	PSS, livelihood support, general assistance
6	International Refugee Assistance Project	Legal aid
7	INTERSOS	Case management, legal aid, PSS
8	Makhzoumi Foundation	CMR, life skills, vocational training, financial support, legal aid, cash assistance
9	MARSA Clinic	Health including CMR, MHPSS
10	MOSAIC (LGBTIQ-focused)	Case management, CMR, MHPSS, legal aid
11	RESTART	MHPSS
12	UNHCR	Cash assistance, resettlement, legal assistance, PSS

*In Lebanon, ABAAD and Concern provide masculinity trainings and PSS support for men broadly (not targeted to survivors).

ANNEX C. QUOTES: KNOWLEDGE AND ATTITUDES OF HUMANITARIAN STAFF

“All services are going to women and girls, they are the most vulnerable, but UN agencies and INGOs and local NGOs should focus on men as well. They should be taken care of, I mean, men are not from Mars - they are human at the end...In fact, it will help the family - to live better, to work better together. Married men who have [endured] sexual violence hurt the family. It will help the family to help the men.” -Program Officer, KRI

“I shared the ‘Need to Know’ paper¹⁸⁵ and partners said, ‘Do you think we really have time to focus on this?’” -Protection Officer, KRI

“Some agencies have increased attention [to men and boys] at their centres, but not to actual SGBV services – they just broadened the name. Men and boys benefit from centre activities, but not case management. Then they [agencies] can tick the box for men and boys, but it’s not male survivors coming forward.” -Protection Officer, KRI

“The international community just doesn’t know how to deal with these issues – they don’t understand the cultural piece. Resettlement is not always in the best interest of child survivor, but if is a complicated case, UNHCR throws resettlement at it.” –Child Protection Officer, KRI

“We are only looking at trauma for girls and women, but not for males. We are failing to cater to men’s needs. They are heavily traumatised - seeing families die - but no programmes to take care of their psychosocial needs. There is a general feeling that ‘they are strong, they can take care of themselves,’ which is making them be ignored.” –SGBV Officer, KRI

“When I’ve seen efforts on male survivors more generally, they have been gender-blind. The expectation is that we replicate what we do with women – like create men’s centres - but we lack understanding of what is appropriate and relevant for male survivors...How do we do this without diverting support for women girls? I don’t know. It needs its own time and attention – we can’t just replicate.” -SGBV Officer, KRI

“This [sexual violence] is more of an issue of women and girls. Trying to program for women and girls is hard – quality services, funding – that’s already difficult. Advocating for men and boys would be very difficult since violence is very women and girls focused...There is no organisation that is doing this – they don’t know what to do. But we should do it anyway - you should be able to help all survivors – I don’t think it should be a separate approach. It [men and boys] should fall under GBV programming. But the issue is about how it would work.” -SGBV Officer, KRI

“We need a holistic approach, a human rights approach. We cannot be biased against one group. It [addressing male survivors] will increase reporting of women and girls - they will be less hesitant to report.” -Protection Officer, KRI

“Leadership and senior management need to change their attitudes towards this issue [sexual violence against males]. If they wanted things done, things would be changing already. Donors should have to earmark funding

¹⁸⁵ United Nations High Commissioner for Refugees and the Refugee Law Project, Need to Know Guidance 4: Working with Men and Boy Survivors of SGBV Forced Displacement (July 2012).

and also demand indicators. If donors said, 'By 2017, I want this addressed,' it would be done." -Protection Officer, KRI

"Most agencies want to do something [about sexual violence against males], but are at a loss as to what to do... We don't know what works, we may be doing more harm. We don't have any evidence to support such programmes." -SGBV Officer, KRI

"We need to have more conversations with the community - what do they know of this issue, what are the trends. We are quite blind - we can't see what's really happening - we have no idea. We've left it on the shelf for too long." -SGBV Officer, KRI

"The narrative of [some agencies] is that it's too difficult to do specialised groups...This mentality that 'inclusion [of males] means exclusion [of females]' needs to be pushed against. I was really disappointed that the IASC endorsed a document [the revised 2015 GBV guidelines] that has a narrow definition of gender-based violence. We need to move beyond that, to have a feminist framework that includes working with men and boys." -Protection Officer, Lebanon

"It's hard for agencies to have male focused programmes when there is so much literature and focus on the vulnerabilities of women and girls. There needs to be more discussion of this issue amongst the responders. I've brought up sexual violence against men with partners and the response was negative, 'We don't do that, it's not our focus.' But it happens all the time in conflict - in Chechnya, in Iraq - it was happening all the time. Why aren't we paying attention? How much harm are we doing by only letting women be survivors?" -Protection Officer, Jordan

"'You deserve healing - it's your right to heal.' No [male survivor] has heard this - that they have a right to heal and that it is confidential and that they can have a better life, while women hear this every day." -NGO Director, Lebanon

"We are blocking people from getting services by being under the impression that those people [male survivors] are not interested in services or they are not there. It was like this with the LGBT issue. At first, no one said they are around, and now they are here. They didn't exist to us before. We didn't want to know." -MHPSS Officer, Jordan

"I haven't heard about this [sexual violence against males.] They [refugees] don't talk about it. It's very hidden. I have only heard from women and girls - but maybe that's because we don't ask, we don't talk to men and boys. For women, we hear this - we know it's an ongoing issue because we ask them... We need evidence, data, only then will it move forward." -Reproductive Health Officer, Jordan

"In conflict-affected settings, like Syria, yes, we need to focus on GBV for both [women and men]. But in settings like Jordan, if I have limited funding, I wouldn't put it toward this [sexual violence against males]." -SGBV Officer, Jordan

"We can't even stop early marriage, and we have the law on our side. It's an issue that people talk about, and we don't make a dent. Then all these obstacles with sexual violence men - it raises the bar. It's daunting." -Protection Officer, Jordan

“Our language is essentially saying that there are no male survivors that we need to address... But it’s not a women and girls issue at the end of the day. Yes, they are disproportionately affected, but this is not an insubstantial number.” -SGBV Officer, Lebanon

“We don’t have data on straight men and boys. Since the beginning of the crisis, it’s all about women and girls – only these are seen as vulnerable. Men and boys are totally totally forgotten. It is very difficult to victimise men. Only gay men can be victimised. The concept of victimising men is impossible...We need to shift our thinking - we need to think of them as victims. They are not only powerful allies, sometimes they are weak. I don’t think we understand this.” –NGO Director, Lebanon

“We need to break this idea that you need to be highly specialised to deal with men and boys. Not everyone can do it, but with a little bit of effort, you can provide sound and safe interventions. It is a bit frightening – it is still perceived as something specialised. It’s like before everyone said, ‘We can’t deal with child survivors, we need to be specialised.’ Yes, but then we can. You raise interest, awareness, and develop capacity, and then some organisations jump on that never would have before.” -SGBV Officer, Lebanon



“WE KEEP IT IN OUR HEART”
SEXUAL VIOLENCE AGAINST
MEN AND BOYS
IN THE SYRIA CRISIS