

## Report Summary

### Background

Sexual violence is a serious human rights violation. Existing evidence demonstrates that women and girls bear the brunt of sexual victimization in conflict and non-conflict-affected settings. At the same time, some men and boys are also sexually victimized in these contexts. Persons with diverse sexual orientation, gender identity and expression, and sexual characteristics (SOGIESC) are particularly vulnerable to sexual victimization.

In 2018 and 2019, the Women's Refugee Commission (WRC) undertook qualitative, exploratory research on sexual violence against men and boys in conflict and displacement. The study explored the characteristics and impacts of sexual violence against refugee men and boys and examined the availability and accessibility of selected services for male survivors in three settings. Study populations and sites were Rohingya refugees from northern Rakhine state, Myanmar, living in Cox's Bazar, Bangladesh; refugees and migrants who had traveled the central Mediterranean migration route through Libya, now living in Rome and Sicily, Italy; and refugees from the eastern Democratic Republic of the Congo, Somalia, and South Sudan living in Nairobi and Mombasa counties, Kenya.

Researchers undertook semi-structured key informant interviews with frontline aid workers and human rights experts and semi-structured focus group discussions with refugees, including adolescent boys, young men, adult men, adult women, men with physical disabilities, and refugees with SOGIESC.

Reports were published on each of these studies. This report presents a summary of the key findings and key recommendations from the synthesis report.

### What we found

#### *Conflict-affected settings and refugee-hosting setting*

- Findings suggest that sexual violence against men and boys may not be rare in Myanmar (northern Rakhine state), Libya, eastern DRC, and South Sudan. Findings from Somalia were unclear.
- Men and boys were reportedly subjected to a variety of forms of conflict-related sexual violence in these settings, including forced witnessing, genital violence, and anal rape.
- Frequently cited perpetrators in conflict settings were men involved with armed groups. Sexual victimization by predominantly male family and community members was also reported.
- Forms of sexual violence in the three refugee settings (Bangladesh, Italy, Kenya) included sexual abuse, sexual exploitation, and rape.
- Groups particularly vulnerable to sexual victimization in refugee settings included young boys, adolescent boys, persons selling sex, and persons with diverse SOGIESC, especially transgender refugees.
- Perpetrators included other refugees (including family members), members of the host community, landlords, taxi drivers, and state authorities such as the police.

#### *Impacts*

- Physical impacts included sexually transmitted infections; anal trauma such as fissures and fistulae; genital trauma, including penile and testicular amputation; pelvic and groin pains; fecal incontinence; hemorrhoids; urination difficulties; and sexual dysfunction.
- Mental health consequences included anxiety, depression, post-traumatic stress disorder, dissociation, auditory hallucinations, paranoia, memory loss, confusion, somatization, sexual dysfunction, suicidal ideation, and attempted or completed suicide.
- Social repercussions included stigma and social sanctions, such as shunning, shaming, humiliation, and familial rejection.
- Other impacts included limitations to livelihoods and associated financial stresses, and for boy survivors, difficulty performing or staying in school.

#### *Intersections with violence against women and girls*

- At times, conflict-related sexual violence was perpetrated in ways that involved men and women, such as forcing men and boys to witness or perpetrate sexual violence against women and girls. A few incidents of women and girls being forced to witness or perpetrate sexual violence against men and boys were reported.

### *Service availability and accessibility*

- Across all settings, some specialized medical, mental health, and legal aid services for male survivors of sexual violence were identified; however, quality was inconsistent, need exceeded supply, and coverage was inadequate.
- Enabling factors that promoted service uptake included specialized, confidential services with qualified staff; designated entry and referral points; and targeted outreach, awareness-raising, and trust-building with refugee communities.
- Key barriers that impeded service uptake included lack of clarity on which sector was responsible for addressing sexual violence against adult men and persons with diverse SOGIESC, restrictive legislative frameworks, limited staff capacity, negative provider attitudes and practices, a dearth of designated entry and referral points, limited awareness-raising and community outreach, poor knowledge of benefits and availability of services among refugees, social stigma, and self-stigma.

## **Our top recommendations**

### *For refugee-hosting governments*

1. Ensure timely access to refugee documentation, including registration, renewal, and refugee status determination processes, and expand access to international protection for vulnerable refugees, which helps enable access to services for survivors.
2. Ensure legal definitions of rape and other forms of sexual violence are inclusive of male victims and female perpetrators and address common forms of sexual violence against men and boys (as well as women, girls, and nonbinary persons).
3. Abolish anti-LGBTIQ+ legislation and institute comprehensive protections for persons with SOGIESC, which will facilitate access to service for survivors.

### *For humanitarian service providers*

1. Collaborate with communities—particularly survivors—to understand where they are likely to access services, and then establish targeted, specialized services with dedicated entry points for male survivors and survivors with diverse SOGIESC, in addition to targeted services and entry points for women and girls.
2. Support capacity development of service providers, identify and address negative attitudes and misconceptions, and support staff to improve respectful, confidential responses to women/girl and men/boy survivors, survivors with diverse SOGIESC, child and adolescent survivors, survivors with disabilities, and survivors who sell sex.
3. Meaningfully engage refugee communities to develop targeted communication strategies to raise awareness about sexual violence, dispel myths, and clarify how, where, and why to access sexual violence services.

### *For donors and refugee resettlement countries*

1. Increase resettlement slots and quotas for refugees with diverse SOGIESC who are particularly vulnerable to sexual victimization and face specific protection barriers.
2. Provide funding to support and expand (as appropriate) effective service delivery models for male survivors and survivors with diverse SOGIESC in addition to increased and equitable funding for women and girls.
3. Support the capacity development of existing structures and systems to improve prevention, mitigation, and response to sexual violence for survivors of all genders and sexual orientations.
4. Fund relevant local and community-based organizations to help strengthen community-based protection, particularly for persons with diverse SOGIESC.
5. Fund and advocate for the development of capacity development tools for frontline service providers and evidence-based programming to improve care for survivors.

## **Women's Refugee Commission**

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

The full synthesis report and the three country studies are available at <https://www.womensrefugeecommission.org/svproject>.

For more information, contact Dale Buscher, vice president, programs, Women's Refugee Commission, [daleb@wrcommission.org](mailto:daleb@wrcommission.org), or Dr. Sarah Chynoweth, sexual violence project director/consultant, Women's Refugee Commission, [svproject@wrcommission.org](mailto:svproject@wrcommission.org).