

Care and Support of Male Survivors of Conflict-Related Sexual Violence: Background Paper

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Conflict-related sexual violence against men and boys: the scope of the problem

It is well known that armed conflict and sexual violence against women and girls often go hand in hand. Fewer people recognize, however, that armed conflict also brings sexual danger for men and boys. Because many men and boys are extremely reluctant to report such violence, it is difficult to accurately assess its scope. The World Health Organization, for example, has noted that most experts believe that the limited official statistics that exist “vastly under-represent” the number of male victims.¹ Still, in the last decade alone, sexual violence—including rape, sexual torture and mutilation, reproductive violence, sexual humiliation, forced incest and forced rape, and sexual enslavement—against male civilians and combatants, both adults and children, has been reported in 25 conflicts across the world.² If one includes sexual exploitation of boys displaced by violent conflicts, the list encompasses the majority of the 59 armed conflicts identified in the 2003 *Human Security Report*.³

Sexual violence against men and boys can emerge in any form of conflict – from interstate wars to civil wars to localised conflicts – and in any cultural context. Both men and boys are vulnerable in conflict settings and in countries of asylum alike. Both adult men and boys are most vulnerable to sexual violence in detention. However, both adult men and boys are also vulnerable during military operations in civilian areas and in situations of military conscription or abduction into paramilitary forces. Boys, meanwhile, are also highly vulnerable in refugee/internally displaced (IDP) settings, where they are at particular risk of sexual assault, abduction and trafficking and of being sucked into prostitution or “survival sex” for food, money or favours in kind.⁴

What is sexual violence?

Sexual violence against men and boys takes many forms, and includes both physical and mental violence carried out through sexual means or that targets the victim’s sexuality and sexual and reproductive health. Generally, it falls into three overall patterns: forcing a man or boy to take part in enforced and often humiliating sexual relations; inflicting pain and/or damage to the genitals with the overt or covert threat of interfering with future sexual pleasure; and inflicting damage to the genitals designed to prevent future reproduction.⁵ Specifically, it can include:

- Oral and anal penetrative rape, or attempted rape, with a penis, another body part, or an object;
- Sexual molestation, for instance sexual kissing, touching a person’s genitals or anus, or placing a person’s hand on another person’s genitals or anus;

¹ WHO 2002: 154.

² In the last decade, Human Rights Watch, Amnesty International, Médecins Sans Frontières, UNICEF, Physicians for Human Rights, and UNHCR—to name only a few—have reported incidents of sexual violence against men and/or boys in the context of violent conflicts (including the global “war on terror”) in Afghanistan, Algeria, Burundi, Chechnya, Congo-Brazzaville, Democratic Republic of Congo, East Timor, Egypt, Guatemala, Guinea-Bissau, Iraq, Israel/Palestine, Liberia, Malaysia, Rwanda, Sierra Leone, Sri Lanka, Sudan, Syria, Turkey, Uganda, U.S. facilities abroad, Uzbekistan, Yemen, and the former Yugoslavia.

³ Human Security Center 2005: 69; Blaauw 2002.

⁴ ECPAT 2006: 15.

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

- Threats of sexual violence or sexual or lewd comments about a person's body;
- Sexual torture or mutilation, including pain or harm to the genitals or forcing two people to harm one another in a sexual manner;
- Sexual humiliation, for instance through enforced nudity or enforced masturbation;
- Castration or other forms of enforced sterilization;
- Enforced rape or sexual contact, incest, or necrophilia, often in public;
- Sexual slavery;
- Sexual exploitation—the use of a person for sexual purposes in exchange for cash or in-kind favours.⁶

Where boys are concerned, sexual abuse can also include:

- Exposing a child to adult sexual activity or pornographic materials;
- Having a child pose, undress or perform in a sexual manner, including in order to be photographed;
- Spying on children for sexual gratification.

International tribunals have noted that sexual violence is often committed with the intent of ultimately causing the victim's death—for instance through heavy bleeding, as a result of inserting sticks into the victim's anus, or mutilation of the victim's genitals.⁷

Text Box: How common is sexual violence against men in conflict areas?

Until recently, there has been little statistical information on levels of sexual violence against males during conflicts. This probably is largely due to the fact that men and boys are often very reluctant to report such violence, but sometimes also partly due to a lack of awareness on the part of those collecting information or offering assistance. However, recent studies on conflict-related sexual violence, as well as existing studies on torture, paint a disturbing picture.

- In Liberia, according to a study of 1666 adults conducted in 2008, 32.6% of the study's 367 male former combatants had experienced sexual violence, mostly at the hands of soldiers or rebels. Of these, 81% reported current symptoms of post-traumatic stress disorder, and 14% had attempted suicide.⁸
- In the Democratic Republic of Congo (DRC), according to a study of 998 adults conducted in 2010, 23.6% of the study's 405 men had experienced sexual violence during their lives, 64.5% of whom had experienced it in the context of the country's civil wars. Of these cases, 92.5% of the perpetrators were men, and 11.1% were women, mostly women combatants. Of the survivors, 56% reported current symptoms of post-traumatic stress disorder and 47.5% of major depression, and 22.8% had attempted suicide.⁹ Survivors' testimonies speak of being forced, on pain of death, to rape; to have sexual intercourse with kin; to watch brutal rapes of kin; and to engage in masturbation or sexual acts with objects—all frequently in public.¹⁰
- Males, like females, are particularly vulnerable to sexual violence in detention. Surveys of male torture survivors, both from conflict zones and from

⁶ See Sivakumaran 2007, Russell 2007, Hilton 2008, Lewis 2009.

⁷ Lewis 2009: 29

⁸ Johnson *et al.* 2008.

⁹ Johnson *et al.* 2010.

¹⁰ Eriksson Baaz and Stern 2010: 44, citing Lewis 2009, Human Rights Watch 2009.

repressive states, have consistently shown high levels of sexual violence in detention, frequently well over 50%.¹¹ In Bosnia, for example, 80% of the 5,000 male concentration camp victims in the Sarejevo Canton reportedly were raped in detention.¹²

These studies suggest, as one might expect, that sexual violence is more common during conflicts than in peacetime settings.

Where boys are concerned, figures on sexual violence and abuse against children in displacement are extremely hard to obtain. However, to give a general idea of the scale of childhood sexual abuse, the World Health Organization has estimated that in a single year (2002), 73 million boys as well as 150 million girls experienced forced sexual intercourse or other forms of sexual abuse.¹³

By way of comparison, some estimate that in peacetime Western societies, males make up 5% to 10% of adult sexual assault victims, and that boys make up around 17% of victims of childhood sexual abuse.¹⁴ Furthermore, a survey of over 17,000 adults in San Diego found that nearly 40% of the males who had experienced childhood sexual abuse (16% of the survey group) reported female perpetration.¹⁵

End text box

The objectives of sexual violence

It is inherently difficult to write about the objectives of sexual violence. Even in counselling, many perpetrators of sexual violence are dishonest—with themselves as well as with others—about their motives. Nevertheless, it seems possible to posit that sexual violence against men and boys in conflict settings can have a number of causes or drivers. In some cases, perpetrators of sexual violence are acting for essentially personal objectives. Particularly in instances of sexual abuse of boys in refugee or IDP settings, but also in some instances of abuse, particularly rape, of adult males, perpetrators may be acting in order to engage in otherwise forbidden sexual activity.¹⁶ In other cases, the perpetrator's personal objectives are tangential or unrelated to sexual gratification, including the desire to:

- Feel powerful by conquering, controlling and/or causing pain to another person.
- Act out feelings of revenge or frustration.
- Gain status among others by being an aggressor.

Such perpetrators sometimes say that the gender of their victim does not matter to them.¹⁷ In some cases, however, dominating a man—typically more physically and socially powerful than a woman—may make attackers feel particularly powerful or gain them particular status.¹⁸

¹¹ Lunde and Ortmann 1990, Meana et al. 1995, Peel 1998.

¹² Mudrovčić 2001: 64, cited in Sivakumaran 2010.

¹³ World Health Organization 2006: 12.

¹⁴ Stermac et al. 1996:52; Men and Healing 2009: 41; Dube 2005.

¹⁵ Dube 2005.

¹⁶ ECPAT 2006, Peel 1994: 66.

¹⁷ Groth and Burgess 1980, cited in Roberts 2002: 11.

¹⁸ See Sivakumaran 2005, 2007, Lewis 2009.

In other cases, sexual violence is a more strategic act of intimidation directed in the first instance at victims, but also more generally at groups (ethnic, political or social) of which they are members. Sexual torture of prisoners of war or political prisoners often fits into this category, with various degrees of subtlety. One study, for instance, observed that in Nigeria at the time of the study, rape and sexual assault were simply part of the toolkit of brutality unleashed on prisoners; in Algeria, by contrast, not only were male prisoners raped but the authorities made their rape known to their communities as part of a strategy of humiliation of the political opposition.¹⁹

More broadly, sexual violence against civilian men and boys as well as women and girls can constitute a generalized strategy of war designed to terrify, demoralise and destroy family and community cohesion.²⁰ This can apply not only to conflicts between communities, but to social conflicts within a community: for example, a recent study in the Democratic Republic of Congo notes that in areas where civil-military relations are particularly hostile, military forces can use sexual violence against civilians to “put them in their place” or “teach them a lesson.”²¹

Enforced sexual violence—forcing men and boys to commit sexual violence against another person, male or female—is a particularly complicated and multifaceted form of violence. In some cases, jailers may force male prisoners to commit sexual violence against each other as a form of torture, as occurred during the Yugoslav conflicts.²² In other cases, forcing men to rape members of their families or communities, particularly in public—as has occurred in DRC—is an extreme attack on family and community cohesion.²³ In yet other cases, enforced sexual violence serves a dual purpose: to damage the ‘enemy’ person subjected to violence and to gain control over the ‘friendly’ person inflicting it. In several African conflicts, for example, frequent reports exist of men and boys being forced to rape civilians as part of their initiation, indoctrination and integration into a military or paramilitary group.²⁴

As with torture more generally, humiliation is the key goal of much of the sexual violence directed against adult men in particular, but also adolescent boys. Humiliation has the intent of psychically and socially disabling an individual, in his own eyes as well as the eyes of others. It also has been described as “an infectious particle;” once someone has been humiliated, they are likely to humiliate others in order to regain a sense of social place and personal dignity.²⁵

In some cases, perpetrators of male-directed sexual violence explicitly state how they wish to humiliate their victims; in other cases, the grounds for humiliation remain unspoken, but mutually understood between perpetrator and victim; in yet other cases, they stem primarily from the victim’s perception. A few prominent themes emerge in accounts of the perpetration and experience of male-directed sexual violence.

¹⁹ Peel 2004: 65-66.

²⁰ Thanks to Françoise Duroch, Médecins Sans Frontières, for these observations.

²¹ Eriksson Baaz and Stern 2010: 28.

²² Del Zotto and Jones, 2002.

²³ Eriksson Baaz and Stern 2010: 44.

²⁴ Eriksson Baaz and Stern 2010; Human Rights Watch 2009.

²⁵ Gilligan 2001.

- *Emasculation.* Sexual violence is often carried out against males to attack and destroy their sense of masculinity or manhood—a constant concern of many survivors. Such violence hits directly at dominant narratives of men—as tough, aggressive, active rather than passive participants in sexual activity, “impenetrable”—and reinforces the victim’s status of “masculine impotence.”²⁶ Sexual domination of men, particularly in public, can also send the message that a community is helpless, as its male members, its protectors, are unable to even protect themselves.²⁷ Sexual humiliation of a man thus can be intended as proof not only that he is a lesser man, but that his community (ethnicity/nationality/etc.) is a lesser community.²⁸ Violence intended to prevent procreation, such as castration or genital mutilation, feeds into this theme of humiliation of the individual, given the worldwide narrative of “man-the-impregnator-protector-provider,” as well as of the group.²⁹
- *Feminization.* It is a sad comment on the status of women worldwide that the worst insult that many attackers can inflict on their male victims is to make them feel that they have been turned into a *de facto* female—something to which attackers, and survivors, frequently make direct reference.³⁰ As one participant in an online forum hosted by the Sexual Violence Research Initiative (SVRI) to discuss conflict-related sexual violence against males noted, “As a mental health nurse providing counseling to a male survivor, it was painful to hear him describe his ordeal—‘They made me a woman’—with so much anger in his voice.”³¹ The humiliation can be compounded by the reaction of victims’ communities. “I’m laughed at...The people in my village say: ‘You’re no longer a man. Those men in the bush made you their wife’,” one male victim of sexual violence in DRC told a reporter.³²
- *Homosexualization.* Rape by another male, in particular, can be aimed at stripping a man or boy of his heterosexual status and homosexualizing him (making him weak and effeminate)—a direct attack on a male’s sexual identity, particularly powerful in cultures where homosexuality is socially or religiously taboo or subject to extreme punishment.³³ Male victims indeed sometimes assume, or are told by their attackers, that they have been chosen as targets for sexual violence because they appear homosexual. In such attacks, the male attacker retains his heterosexual (powerful) status. However, when two male victims are forced to rape one another, both victims are homosexualized, while the perpetrator retains heterosexual power.³⁴ Meanwhile, a victim’s sexual self-identification as heterosexual may be shaken if he experiences an involuntary erection or ejaculates during a rape—as men can and do in response to a forced, humiliating and frightening sexual experience, just as women who are being sexually assaulted sometimes lubricate and are even orgasmic.³⁵

²⁶ Men and Healing 2009: 17, Sivakumaran 2007: 269.

²⁷ Sivakumaran 2007: 269

²⁸ Zarkov 2001.

²⁹ Gilmore 1990, cited in Men and Healing 2009: 17.

³⁰ Sivakumaran 2007.

³¹ “Care and Support of Male Survivors of Conflict-Related Sexual Violence.” An on-line forum conducted by the Sexual Violence Research Initiative, www.svri.org, February 2010.

³² Gentleman 2009.

³³ Sivakumaran 2007:

³⁴ Sivakumaran 2007.

³⁵ Hunter 1990, cited in Men and Healing 2009: 59.

- *Demonization.* Men who are forced to rape or commit other acts of sexual violence against others, particularly kin members or members of their community, may be blamed by their families and communities for their actions, partly as a consequence of this same widely held myth that it is not possible for a male to obtain an erection when threatened or attacked.³⁶

It is important to note that even in the western, English-language cultural and linguistic context, the first three themes in particular—emasculation, feminization and homosexualization—are overlapping. In different cultural and linguistic contexts, they may be inextricably entwined. Furthermore, the process of interpretation, particularly multi-stage translation (from the language of the survivor via an intermediary language to the language of the clinician), may severely complicate a survivor's efforts to communicate his experience. Consequently, attempts to separate these themes out in practice may be analytically or therapeutically counter-productive. Ultimately, the intended or experienced effect is the same: to reduce a victim to the status of second-class citizen.

Consequences

For most men and boys as for most women and girls, sexual violence is a particularly vicious attack on personal and social identity whose psychological consequences often far outlive those of other forms of physical violence. Survivors of both adult and childhood sexual assault show a wide range of physical and psychological consequences of their experiences. At the physical level, survivors can experience consequences proportional to the physical severity of their assault, such as pain during urination, anal and rectal pain, penile and testicular pain, damage to their reproductive capacity, blood in their stools, abscesses, ruptures of the rectum, sexually transmitted diseases including HIV/AIDS, and other genital infections. They also may suffer intermittent or permanent sexual dysfunction from physical sources.³⁷

At the intersection of the physical and the psychological levels, sexual violence survivors are highly likely to suffer from the physical manifestation, or “somatizing,” of emotional trauma. Common somatic complaints among trauma survivors include chronic pain (headaches, pain in the back, stomach, joints, pelvis or heart); high blood pressure; immunity problems (allergies, asthma, skin problems); loss of appetite and weight; sleeplessness; palpitations; problems urinating or defecating; dizziness; exhaustion; and general malaise. Many survivors also complain of intermittent or permanent sexual dysfunction, including impotence and premature ejaculation, that can not be attributed to physical damage.³⁸

At the psychological level, survivors can express a wide range of psychological themes, including anger, betrayal, fear, homosexuality issues, helplessness, isolation and alienation, legitimacy, loss, masculinity issues, negative childhood peer relations, negative schemas about people, negative schemas about the self, problems with sexuality, self-blame/guilt, and shame/humiliation.³⁹ They may experience feelings of loss of control over the body, overwhelming shame/humiliation, recurrent feelings of anger/fear/powerlessness, destruction of gender identity, and confusion over sexual

³⁶ Hunter 1990, cited in Men and Healing 2009: 59; Duroch and Russell (forthcoming).

³⁷ Van Tienhoven 1993; Lewis 2009; Men and Healing 2009: 79-80. Walker. De Brouwer.

³⁸ Van Tienhoven 1993; Lewis 2009; Men and Healing 2009: 79-80. Walker. De Brouwer.

³⁹ Lisak 1994: 525.

orientation, leading to withdrawal, depression, self-destructive behaviour and suicidal ideation or actions.⁴⁰ They may suffer from sleep disorders, loss of concentration, learning difficulties, anxiety disorders such as severe phobias, clinical depression, personality and character disorders, and thoughts of self-harm or suicide. Their behaviour may include compulsive sexual behaviour; hyperactivity and aggression; fantasy and withdrawal; self-harm (self-mutilation, reckless self-endangerment); suicide attempts; alcohol or drug abuse; outbursts of anger or aggression; or engagement in prostitution.⁴¹ Survivors may also fear talking about their bodies or going to the doctor or dentist.⁴²

Survivors of sexual violence face a range of social consequences stemming from their experiences. As a result of the physical and psychological consequences outlined above, they may experience marital and family problems, social withdrawal, or a loss of interest in school or work leading to delinquency or losing their job.⁴³ Where the violence is known to others, male survivors face being shunned by their community—a consequence well understood by perpetrators, who will sometimes spread word of assaults unofficially in order to ensure social ostracism.⁴⁴ Wives also sometimes request to be divorced from men experiencing impotence as a consequence of sexual violence.⁴⁵

In short, the range and severity of physical and psychological consequences faced by male survivors of sexual violence put to rest the myth that males are not traumatized by sexual violence.⁴⁶ While it is important not to turn a comparison of male and female responses to sexual trauma into a “contest of suffering,” all available evidence suggests that most men and boys are as traumatized by sexual violence as women and girls, and may act out their traumatisation in even more self-harming ways. Anecdotal evidence, for example, suggests that male rape survivors in DRC have been even more likely than female survivors to commit suicide, with the rates even higher after castration or mutilation.⁴⁷

Responses

Although the problem of sexual violence against men and boys is increasingly recognized by the international humanitarian and academic communities, this has not yet been broadly translated into policies to address male survivors.⁴⁸ A 2010 study of responses to sexual violence against men and boys in situations of armed conflict by the United Nations, for example, found despite the widespread recognition that male-directed sexual violence is a problem and that little is being done, “these sentiments have not translated into any practical initiatives.”⁴⁹ Even organizations providing therapy for torture victims are often hampered in their efforts to reach out to male

⁴⁰ Hardy 2002, Van Tienhoven 1993. Hardy observes that as related to male prisoners, these sequelae are grouped together in some publications under the term “rape traumatic syndrome” (Hardy 2002: 20).

⁴¹ Crome 2006 : 5.

⁴² Men and Healing 2009: 102-104.

⁴³ Lewis 2009; Oosterhoff et al.; De Brouwer; Walker .

⁴⁴ Peel 2004.

⁴⁵ Interviews, International Council for the Rehabilitation of Torture Victims, July 2006.

⁴⁶ Men and Healing 2009: 57-66.

⁴⁷ Sivakumaran 2010: 266; Men and Healing 2009: 82.

⁴⁸ See Sivakumaran 2010, Bauta, Frerks and Bannon (World Bank) 2005: 47-48.

⁴⁹ Sivakumaran 2010: 265.

sexual violence and torture survivors by lack of awareness of the issue on the part of clients and therapists alike.⁵⁰

Text box: An Australian comparison

The international humanitarian community is not alone in failing to respond to sexual violence against men and boys. A study of 39 Australian organizations providing services to survivors of sexual assault and childhood sexual assault found that only 36% collected data specifically regarding the needs of men; only 39% had developed material or information specifically for males; and only 41% engaged in activities designed to raise community awareness that males also experience sexual assault. Interviewees confirmed that overall, sexual assault and childhood sexual assault were framed as issues involving women and girls; that there was a lack of male-specific resources; and that specialist services—for instance, for indigenous, intellectually or physically disabled, homeless or incarcerated, same-sex attracted, or culturally and linguistically diverse males—were strongly lacking overall. Interviewees also noted the lack of services for male survivors of sexual assault who are also abusers/perpetrators of sexual assault, or who suffer from substance abuse problems. Interviewees identified a lack of funding, professional training and professional development and support as principle barriers to effective service development and provision. The study concluded that “no large-scale policy initiative in any Australian jurisdiction addresses male sexual assault as a specific issue in its own right.”⁵¹

End text box

Observers have offered a variety of explanations for the lack of attention to the needs of male sexual violence survivors, ranging from simple lack of funds to a series of what have been called “cultural delusions.”⁵² These include:

- Males cannot be sexually abused or victimized—what has been called the “master delusion.” A therapist at a major trauma center in Croatia, for instance, told researchers that she had not believed that men could be raped until one night a man was brought in naked and bleeding from the anus.⁵³
- Sexual victimization by definition involves male perpetrators and female victims; therefore violence against males cannot be considered “sexual.” For instance, investigators at the ICTY reportedly minimized the sexual nature of blunt trauma to male genitals.⁵⁴
- If a man has experienced sexual violence, then he allowed it or is in some way responsible for it.
- Males are less traumatized by sexual victimization than are females.

These cultural delusions both feed, and are fed by, the strong reluctance of many—indeed, most—men and boys to report sexual violence, as well as by problems in data collection.

Disclosure and collection issues

⁵⁰ See, for example, Oosterhoff *et al.* 2004: 57.

⁵¹ Chaitowitz 2009: 27-36.

⁵² Men and Healing 2009: 57-66.

⁵³ Oosterhoff *et al.* 2004:74.

⁵⁴ Stener Carlson 2006.

It is generally accepted that rape and sexual violence are under-reported in general, by both women/girls and men/boys. However, men and boys may be particularly reluctant to disclose sexual violence,⁵⁵ due to a combination of:

- *Shame.* Men may find it difficult to talk about being victimized, which they consider incompatible with “being a man”—either in terms of the attack (“a man should have been able to protect himself”) or in terms of its aftermath (“a man should be able to cope”). Men may feel particularly ashamed by an involuntary physical response to an assault (erection, ejaculation).
- *Confusion and ignorance.* Men and boys may lack the words to describe their experiences, or be uncertain about whom to approach or what is required for them to disclose violence.
- *Guilt.* Men who have been forced into sexual violence against others may feel guilty about their actions. As one man in DRC forced to rape a civilian, under threat of being beaten to death, told a medical examiner, “Even though I was a militia man, I had no desire to take a woman by force.”⁵⁶
- *Fear.* Men that they will not be believed; that that their wives will leave them; that that their community will look down on them; or that disclosure may lead to other unanticipated consequences. Regardless of their physical response, they may fear that they will be labelled as homosexual because many societies consider sexual contact between two males indicative of homosexuality, regardless of any elements of coercion or force involved.⁵⁷ This fear is likely to be particularly acute in the nearly 80 countries and territories where male homosexual behaviour bears criminal penalties.⁵⁸ They may also fear criminal penalties for being forced to rape.
- *Isolation.* Due to the silence surrounding the issue, men and boys may believe that their experiences are unique, or that no one will believe or understand them.

One study has posited that masculinity and shame dynamics are likely to be at their strongest in adolescence, an age group in which there appears to be a drop in referrals.⁵⁹ Meanwhile, as one participant in the SVRI online forum⁶⁰ observed, disclosure is more likely where the survivor was injured or where there were witnesses who disclosed the event.

As a consequence, men and boys will often avoid mentioning sexual violence, even when presenting to medical clinics for treatment for its consequences. Survivors who have contracted STIs, for instance, may not mention sexual violence when asked how they might have been infected.⁶¹ Even when men do report sexual violence, they will often do so in a fashion that desexualizes their experience. One study has noted, for instance, that men testifying to the South African Truth and Reconciliation Commission never spoke of ‘rape;’ they sometimes said that they had been

⁵⁵ Collings et al. 2005: 279, Sorsoli et al. 2008: 334.

⁵⁶ Duroch and Russell (forthcoming).

⁵⁷ Sivakumaran 2005.

⁵⁸ en.wikipedia.org/wiki/LGBT_rights_by_country_or_territory

⁵⁹ Watkins and Bentovim 1992, cited in Holmes 1997: 78.

⁶⁰ “Care and Support of Male Survivors of Conflict-Related Sexual Violence.” An on-line forum conducted by the Sexual Violence Research Initiative, www.svri.org, February 2010.

⁶¹ Oosterhoff et al. 2004 : 71.

‘sodomized,’ but more commonly described their experiences in desexualized terms (for instance, “having a metal rod pushed through their anus”).⁶²

Meanwhile, doctors, counsellors and humanitarian workers often do not pick up sexual violence against males themselves. Acute sexual assault of males rarely leaves lasting physical signs, complicating diagnosis and prosecution.⁶³ Beyond this lack of obvious physical signs, some clinicians may take the silence of males on the subject at face value; some may not see men as being vulnerable to sexual violence in the first place. Some may not be trained to look for signs of sexual abuse of men; for instance, dysuria in men is sometimes assumed by examining physicians to be the result of sexually transmitted diseases rather than a consequence of objects forced into the urethra.⁶⁴ Even those who are sensitized to the rape of males may not pay as much attention to signs of other forms of sexual violence, or may label other forms of sexual violence—castration, for instance—as ‘mutilation’ or ‘torture.’⁶⁵ As one scholar has pointed out, this is almost the reverse of the situation concerning the women’s movement, which has urged that rape be recognized as a form of torture.⁶⁶

Care and support for male survivors: programming options

International humanitarian and military actors are increasingly aware of the prevalence and impact, at the individual and social level, of sexual violence in humanitarian crises and conflict settings. In particular, organizations operating in conflict settings are increasingly aware of sexual violence in the conduct and context of conflicts, and of the need to include programming specifically directed at sexual violence survivors, and at sexual violence prevention, in humanitarian and disarmament/demobilization/reintegration (DDR) programming. The challenge for organizations is to take on an understanding of men as victims of sexual and reproductive violence while not overlooking their role as perpetrators, and while ensuring that attention to women is not diminished as a result.⁶⁷ In particular, there is a need to seek out adult male needs, as social and medical services are often organized around the needs of women and children.

One measure that has the potential to increase reporting as well as to help men who do not wish to disclose their experiences is increased public information about the nature, extent, consequences of sexual violence and options for assistance. As one participant in the SVRI forum noted, male survivors rarely have information that might help them contextualize their experience.⁶⁸ Indeed, asked what advice they would offer to the police and other professionals dealing with male rape victims, male rape victims in a British study—most of whom had never reported their rape to police, and over 40% of whom had never sought or received counseling—overwhelmingly called for more publicity on sexual violence against males.⁶⁹ Public information campaigns have the

⁶² Krog 2001, cited in Peel 2004: 61.

⁶³ Peel *et al.* 2000.

⁶⁴ Burnett and Peel 2001: 608.

⁶⁵ Oosterhoff *et al.* 2004, Stener Carlson 2006, Johnson *et al.* 2008, 2010, Sivakumaran 2007, 2010.

⁶⁶ Sivakumaran 2007: 256-257; see Carson, Van Tienhoven, Peel, Oosterhoff.

⁶⁷ See Carpenter 2004.

⁶⁸ SVRI Online Forum.

⁶⁹ Walker, Archer and Davies 2005: 75. No exact percentages given.

opportunity not only to encourage reporting, but to help the untold number of male survivors who will never come forward to speak about their experiences.⁷⁰

Public information campaigns should focus on delivering the messages of:

- *You are not alone.* As noted above, survivors often feel crushing isolation due to the silence surrounding sexual violence against males. Publicity campaigns should discuss sexual violence against males not only at the national but also at the international level, to help survivors understand that male-directed sexual violence occurs across the globe, during conflicts and in peacetime.
- *It was not your fault.* Male survivors need to be reassured that they have not brought sexual violence on themselves through their looks, their stature, or any other personal factor; rather, they have been the victims of brutality, whether individual, organizational or political.
- *You do not need to question your sexuality.* As noted above, survivors are often particularly confused and ashamed by involuntary physical arousal during an assault.⁷¹ Publicity campaigns should make clear that involuntary arousal is a common occurrence and that it does not require a survivor to question his sexuality.
- *The experience of sexual violence does not make you “less of a man.”* Publicity campaigns should provide messages that delink masculinity from aggression, invulnerability, and emotional silencing, and provide hopeful images of survivors who based their sense of masculinity on being a loving husband/father/son/brother/friend and a constructive member of the community.
- *Men who have experienced sexual violence need the support of their families and communities.* Publicity campaigns should seek to quash some of the common misperceptions about sexual violence against males, and to urge empathetic understanding.

It is important to note that messages must be carefully designed to avoid unintentional reinforcement of concepts of male dominance over women or of homophobia.

Text box: Common myths that can be quashed through public information campaigns

- Men and boys can't be sexually assaulted.
- Only weak men are sexually assaulted; a strong/real man would be able to prevent it.
- Only gay men are sexually assaulted.
- Only gay men sexually assault other men.
- Men and boys cannot be sexually assaulted by women.
- Male rape happens only in prison.

End text box

As a class, DDR programs are particularly likely to include male survivors, and hence a particular ability—as well as a particular need—to address male survivor needs. All DDR programs should:

⁷⁰ See Peel 1994: 65.

⁷¹ Peel 2004.

- Look out for men and boys subjected to sexual violence during military conscription or abduction into paramilitary forces, sometimes as part of integration and initiation rituals.
- Reinforce synergies between DDR and sexual violence programmes.
- Include interventions that focus on both victims and perpetrators of sexual violence, as well as initiatives to prevent such acts from occurring in post-conflict settings.

Specific reintegration programmes are necessary to help adult and adolescent males who have been forced to rape, both to help them reintegrate into communities that may wish to reject them and to help them address questions of how to establish non-violent relationships with women.⁷²

Boys who have experience sexual abuse in conflict/post-conflict or refugee/internally displaced settings have particular needs as well. Programs that may help boys in these settings include:

- Generic drop-in centers where staff are trained to respond to sexual assault issues;
- Round-the-clock ‘safe spaces’;
- Telephone help lines for boys to access crisis support, information, advice and referrals.

Prevention programs in such settings can include:

- Teaching boys as well as girls to be self-protective, including through peer education, support programmes and safe social activities that address issues specific to boys;
- Identification of ‘safe adults’ and protection committees;
- Development and distribution of resources, publicity materials and tools that discuss the full range (not only focusing on foreign abusers) of sexual abuse of internally displaced boys;
- Promotion of community involvement in awareness and prevention of childhood sexual abuse, for instance through schools and religious institutions;
- Expansion of local and international collaboration to identify and bar perpetrators;
- Creation of easily accessible and anonymous information, support and referrals services for boys and parents, for example helplines;
- Careful consideration to camp design and layout and to the distribution of aid and services to minimize opportunities for abuse;
- Advocacy to promote best practice.⁷³

Special attention is necessary to the situation of unaccompanied and separated children, who are particularly vulnerable to abduction, trafficking, and being sucked into prostitution or ‘survival sex.’⁷⁴

Meanwhile, staff sensitization and training in relation to male-directed sexual violence are key for all organizations and local partners working in conflict/post-conflict settings, but particularly those working in the sectors of:

- Rehabilitation for survivors of sexual violence and torture;
- DDR;

⁷² DCAF 2007.

⁷³ Hilton 2008: 179-187; ECPAT 2006: 78-84.

⁷⁴ See ECPAT 2006: 64-69.

- Human rights;
- Gender policy;
- Peace enforcement and peace-keeping;
- Humanitarian assistance;
- Security sector reform;
- Trauma recovery;
- Public health.

As well as incorporating male survivor issues in their basic trainings, organizations can develop or contract a range of specialist trainings for working with sexually abused men and boys. These might include:

- Defining and identifying abuse;
- Responding sensitively to disclosure;
- Masculinity and cultural issues;
- Sexual abuse, shame and honor;
- Dealing with denial and disbelief
- Impacts and effects of sexual abuse;
- Child protection work;
- Counselling skills, tools and plans for supporting male survivors;
- Working with families of sexually abused children;
- Evaluating practice.⁷⁵

Organizations should also have their own child protection policies, both to formalize responses to situations of abuse that are reported or come to the attention of the agency, and also to ensure that the chances of abuse being perpetrated by people working for the organization is reduced.⁷⁶

More generally, there is a need for a broadening of the understanding and application of the concept of “gender-based violence,” a term currently used by many exclusively in relation to violence against women and girls. Properly speaking, the concept of “gender-based violence” includes *all* forms of violence where victims are targeted for violence, sexual or otherwise, on the basis of gender roles traditionally assigned to their sex.⁷⁷ In this context, males are often—in some conflicts, almost always—targeted for sexual violence precisely in order to destroy their masculine, i.e. gendered, identity at the personal and at the social level.⁷⁸ While this is particularly starkly evident in the case of adult males, sexual and reproductive violence against boy children, often assumed to be attributable solely to physical vulnerability, can also be gender-based. For instance, a ten-year old boy is not castrated⁷⁹ because he is a child; he is castrated because he is a future man.

Care and support for male survivors: therapeutic options

The same factors that make it difficult for men and boys to report sexual violence can make it difficult for them to seek support for the consequences of violence that they

⁷⁵ Hilton 2008: 186-187,

⁷⁶ ECPAT 2006: 51

⁷⁷ Human Rights Watch, for example, defines “gender-based violence” as “violence directed at an individual, male or female, based on his or her specific gender role in society” (cited in Carpenter 2004).

⁷⁸ Sivakumaran 2007, Russell 2007.

⁷⁹ As reported, for example, in the context of the Darfur conflict—see Kristof 2005, 2006.

feel has “exposed” them as weak or vulnerable—qualities that many men consider to be “female” qualities.⁸⁰ Furthermore, addressing the needs of male survivors of conflict-related sexual violence is a highly complex task. As sexual violence is often only one of the many forms of violence and trauma that survivors in conflict zones have experienced, victims may present multiple physical, psychosomatic and psychosocial problems that may not be easy for health care workers or counselors to unravel.⁸¹ Particularly in relation to children, the many different manifestations of sexual violence and sexual can be interrelated, and the abuses suffered by children can change over time.⁸² To make matters worse, even men and boys who seek trauma counseling may be extremely slow to reveal sexual abuse, which compromises the ability of counselors to focus specifically on the aftermath of their traumatic experiences.⁸³

What is clear from most studies of male childhood and adult sexual abuse, as well as interviews with torture care providers, is that other than in exceptional circumstances, most male clients will not initiate disclosure without direct questioning.⁸⁴ At a point that they consider appropriate, clinicians should ask male clients directly about sexual violence in non-shaming ways (for example, “did anyone ever do anything sexually to you that you did not want them to?”). The issue may need to be raised more than once; doctors and counselors should remember that beyond the question of individual trust, some clients may have, for instance, an inherent fear of doctors because they were active or passive participants in a client’s torture.⁸⁵

It is worth noting that the gender or the identity of the clinician eliciting disclosure may become relevant. For the most part, therapists specializing in the aftermath of sexual assault and childhood stress that the sensitivity and gender awareness of the clinician are far more important than his/her gender, which suggests that skilled clinicians of either gender can make initial inquiries. However, most also noted that male survivors’ individual histories as well as cultural contexts may make them more or less reluctant to disclose sexual violence to one or the other gender. Males from some cultural contexts may be highly reluctant to speak of any sexual issue in front of a woman; other males may be completely unwilling to discuss sexual violence in front of another man of their own religion.⁸⁶ As a very broad rule, however, most studies suggest that most males are most likely to find it easier to talk to a woman initially.⁸⁷

The gender or identity of interpreters may also be an issue. Some practitioners have noted that often survivors appear to be more concerned about the gender of an interpreter than that of the clinician or therapist, perhaps because their conversation is more directly with the interpreter.⁸⁸ More broadly, clinicians should avoid using family members as interpreters wherever possible, since survivors may be reluctant to fully disclose the trauma for fear of hurting, embarrassing, or losing face in front of the relative; relatives, meanwhile, may not provide an accurate translation because

⁸⁰ Crome 2006: 1-2.

⁸¹ Oosterhoff et al. 2004 : 71.

⁸² ECPAT 2006: 41.

⁸³ Interviews, International Rehabilitation Council for Torture Victims, 2006; Sorsoli et al. 2008 : 343.

⁸⁴ Sorsoli et al. 2008: 343; Interviews, International Rehabilitation Council for Torture Victims, 2006.

⁸⁵ Moreno and Grodin 2002: 213.

⁸⁶ Peel 1994: 61.

⁸⁷ Sorsoli et al. 2008: 343.

⁸⁸ Peel 2004: 65.

they are ashamed for their family member. Some professionals also strongly advise against using children to interpret for their parents or relatives. More broadly, confidentiality is a crucial issue for most male survivors, making the use of interpreters from their communities problematic. Finally, clinicians should remember that survivors may not trust interpreters who they suspect have links to those who have attacked them.⁸⁹

When it comes to actual treatment, professionals note that where possible, clients should be offered a choice of speaking to a woman or a man. While, as noted above, most said that the skill of the therapist is more important than their gender, clients are pleased and encouraged to be offered a choice—"a great starting point," one professional noted.⁹⁰ It is very important that the clinician inquire about the trauma experience in the session following the disclosure; otherwise, the client may feel the counselor really does not want to or cannot handle hearing about it, confirming their fears.⁹¹

Beyond disclosure, the general principles of offering support and treatment to boys and men who have been sexually assaulted are similar to those for women and girls. Most importantly, male as well as female survivors need to be believed; to feel physically safe; to feel that their counselor empathizes with them; to feel free from judgment or blame; to be certain that they can speak confidentially; to be given time and encouragement; and to be accepted as a whole person, rather than being reduced to the status of 'victim' or 'perpetrator.'⁹²

Nevertheless, specific processes and skills pertinent to male victims are likely to be necessary. These include: understanding the complexity of the masculine role; exploration and confrontation of sex-role stereotypes; realising the processes and impact of male violence; recognising the experience of power and vulnerability; and addressing the relationship of male sexual identity/preference to sexual abuse.⁹³

The gender of the therapist may again become relevant. For instance, male therapists should be attuned to the possibility that male survivors may perceive them as (seemingly) aggressive, predatory figures similar to their attackers; may envy them for (seemingly) being a 'real man'; may feel contempt for them as 'feminized' males interested in emotions and interpersonal relations; or may fear their contempt for what they have experienced. Female therapists similarly should be alert to being treated as a nurturing object or sex object, or being perceived as invasive, "phallic," or harsh.⁹⁴

In terms of treatment options and methods, as for women and girls, the needs of individual men and boys will be individually and culturally unique; therefore, a diversity of client-centred options are necessary. These may include individual therapy, group therapy, family therapy, or bodywork.⁹⁵ While male survivors may be

⁸⁹ Moreno and Grodin 2002: 213.

⁹⁰ Alastair Hilton, SVRI Online Forum.

⁹¹ Sorsoli et al. 2008 : 343.

⁹² See, for instance, the lists of top priorities drawn up by male survivors in Cambodia, Hong Kong and the United Kingdom presented by Alastair Hilton to the SVRI Online Forum.

⁹³ Crome 2006 : 6.

⁹⁴ Men and Healing 2009 : 216-217.

⁹⁵ Crome 2006 : 6.

less likely to talk about their experiences in groups at first, due to high levels of shame associated with the experience of sexual violence, group therapy has particular potential to break through survivors' sense of extreme isolation, helping them realize that they are not alone—something that has been cited by some group participants as the most important insight from their therapy.⁹⁶

At the individual or group level, some possible therapeutic themes for assisting male survivors include:

- Helping the client move away from particularly masculine forms of self-blame. For example, many adult male survivors of sexual torture show high degrees of self-blame due to narratives of male invulnerability, convincing themselves that they should have been able to fight off their assailants, and need to be reminded not only that they probably were incapable of stopping the assault, but that they would have been more severely tortured had they tried.⁹⁷ As another example, boys entrapped into sexual abuse through sophisticated “grooming” techniques and the use of bribes and friendship to disguise the abuse can show particularly high levels of guilt as a consequence of having participated in ‘taboo’ sexual relations; such boys need to be reminded that the abuse is the perpetrator’s responsibility, not theirs.
- Reassuring the client about their sexual and moral identity. As noted above, many male survivors are particularly distressed by physical responses which they feel call their sexuality into question or raise questions about their moral identity in instances where they have been forced to rape. It can be very helpful to explain that erection and ejaculation are physiological responses to stress and physical stimulation; that they are not related to an individual’s sexuality; and that they do not mean that a survivor is likely to become an abuser in the future.⁹⁸
- “Reframing” the experience of sexual violence by helping the client, through psychological, social and cultural perspectives, to understand their abuse history in a larger context. In this context, a ‘testimony’ approach may help survivors reframe their experience from one of personal impotence to one of group victimization through a deliberate strategy attempting to provoke political impotence. Beside being a tool for reframing, the testimony method also has “an offensive quality: by testifying against the torture, one also becomes part of the struggle against torture.” This method has been recommended as being easily intelligible for survivors from cultural backgrounds where Western psychotherapeutic thinking is foreign.⁹⁹
- Helping survivors “make meaning” of what has happened to them through action (helping others, creative expression), through thought and reason (“making sense” of events through psychological analyses of the abuser, understandings of the self, sociocultural analyses, or philosophy), or through developing or calling on a sense of spirituality.¹⁰⁰

⁹⁶ Men and Healing 2009: 216; guidelines for groups can be found in Chapters 4 and 5.

⁹⁷ Peel 1994: 67.

⁹⁸ See Peel 1994: 67.

⁹⁹ Agger 1989: 314-315.

¹⁰⁰ Grossman, Sorsoli and Kia-Keating 2006, 434-435.

Therapists may also offer to help a survivor get a physical examination to reassure (if possible) that no lasting physical damage exists—particularly important if a client is suffering from sexual dysfunction.¹⁰¹

As already noted above, one of the greatest challenges facing therapists stems from the fact that, as one writer has put it, “[For a male, the] path to recovery [from sexual violence] winds straight through masculinity’s forbidden territory: the conscious experience of those intense, overwhelming emotional states of fear, vulnerability and helplessness.”¹⁰² Indeed, male survivors—who often have already overcome traditional notions of masculinity to some degree in order not only to disclose their experiences and seek help—may find that thinking critically about ‘what it is to be a man’ can help to reframe the experience of sexual violence. Therapists can help men to:

- See their experiences in the context of traditional expectations of masculinity;
- Critically assess gender roles;
- Reformulate traditional codes based on their own experiences and needs.

Therapists should acknowledge and support the process of gender deconstruction, with the understanding that it is necessary to inform the process of changing patterns of abuse and violence. As one participant in the SVRI forum also noted, therapists also need to consider the role of religious/spiritual beliefs in shaping how men and boys name, speak about, and understand sexual violence.¹⁰³

Finally, clinicians need to be willing to speak out to raise awareness of sexual violence against males and to support of their clients; otherwise the “stigma, taboo, and feeling of being ‘the only one’ will continue, and will prevent males from coming forward to access help.”¹⁰⁴

Importance of contributions to research

The importance of understanding the scope and consequences of sexual violence against men and boys during armed conflicts extends well beyond the issue of providing care and justice to individual survivors.

- From a conflict studies perspective, we remain ignorant of the place that such violence occupies in the perpetuation of conflicts, or in the choice of particular forms of retaliatory violence.
- From a peace-building perspective, we do not understand its impact on post-conflict reintegration of adult or child combatants, or of civilian men forced to rape family or community members.
- From the point of view of women’s and children’s rights and safety, we do not know its impact on the incidence of sexual and other violence against women and children, including refugees and child soldiers, during and after conflicts.
- From the point of view of the global trade in sex and persons, we remain ignorant of its contribution to prostitution, survival sex or trafficking in persons during and after conflicts and in refugee/IDP settings.

¹⁰¹ Peel 1994: 67.

¹⁰² Lisak 1995: 262 (cited in Kia-Keating et al. 2005, p. 183).

¹⁰³ SRVI Online Forum.

¹⁰⁴ Holmes 1998: 85.

- From the point of view of security sector reform, we do not understand its relationship to sexual violence within institutions such as militaries, police forces and penal systems.
- From the public health point of view, we do not know its possible place in the spread of HIV/AIDS or other sexually transmitted diseases.

What is needed from the research perspective

Systematic collection of data. Organisations operating in conflict-affected zones should intensify efforts to identify male victims of sexual assault and to create reporting categories for violence that affect male sexuality and reproductive capacity, such as mutilation of the genitals. Both field operations and organisations collecting aggregate data on sexual violence should ensure that data can be broken down by gender and age and that the sex of perpetrators is identified.

Detailed case studies. Case studies are necessary in order to understand different patterns of sexual violence against men and boys, motivations of perpetrators, and community responses to survivors. Potential case studies include DRC, Liberia, Sri Lanka, Guatemala, Chechnya, Iraq, the Palestinian territories, Algeria, Afghanistan, and Sudan/Darfur.¹⁰⁵ Case studies could include examinations not only of the scope and consequences of male-directed sexual violence, but also of culturally and situationally specific male needs and help-seeking behaviours, as well as models of masculinity.

Creation of mechanisms for expert discussion on how to provide assistance for men and boy survivors. Given the extraordinary sensitivity of the issue for victims and communities alike, it will be particularly important to make sure that strategies are as carefully conceptualised as possible. Many interviewees have stressed the difficulty of formulating programs for male survivors, given that the latter a) often have very different needs from the female survivors for whom existing programs have been formulated and b) also often are extremely reluctant to discuss the violence they have suffered or its consequences for their emotional or physical health. At the same time, interviewees have noted that the needs of male survivors often vary widely according to cultural context. Creation of mechanisms for expert discussion both within and across cultural contexts would help program managers formulate effective strategies as well as advancing the field of trauma studies more generally.

Conclusion

The findings of the recent studies in Liberia and DRC highlight the urgent need for the humanitarian community to begin to address seriously the needs of men and boys who have experienced sexual violence in the context of violent conflicts. The total human cost of the silencing and marginalization of men and boy survivors currently can only be guessed at. Furthermore, the payoff for including men and boys has the potential to extend beyond the individuals involved to help families and communities, and to combat violence against women and girls as well. When men's experiences of sexual violence are named and validated, this can provide a jumping-off point for including them as partners in efforts to reduce other forms of violence in conflict

¹⁰⁵ See Russell 2008 for a rationale for these cases.

situations. For example, organizations attempting to involve men in preventing violence against women have found that encouraging men to discuss their own experiences of violence helps them understand the impact of women's experiences of violence, and to renounce such violence.¹⁰⁶ As one therapist has put it, "If you want to help women, help heal their men." It remains for the humanitarian community to take up this challenge.

¹⁰⁶ <http://mensresourcesinternational.org/template.php?page=libblog08>; Carpenter 2004.

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