



# “THAT NEVER HAPPENS HERE”

**SEXUAL AND GENDER-BASED VIOLENCE AGAINST  
MEN, BOYS AND/INCLUDING LGBTIQ+ PERSONS IN  
HUMANITARIAN SETTINGS**

 Norwegian Red Cross



**ICRC**

## **The International Red Cross Red Crescent Movement's approach to sexual and gender-based violence (SGBV) against men, boys and/including LGBTIQ+ persons in humanitarian settings**

The Movement's approach to SGBV is survivor-centred, holistic, and multi-sectoral, to meet the various and changing needs of victims/survivors across a range of humanitarian settings.

As a result of the complementary mandates of its components, and the breadth of its global reach, including approximately 14 million National Society volunteers, the Movement addresses SGBV across a broad variety of settings.<sup>1</sup> National Societies are important local actors with community-based expertise, unique access and long-term commitments to prevent and respond to SGBV. The International Federation of Red Cross and Red Crescent Societies (IFRC) supports the Movement by e.g. building capacity on protection, gender and inclusion, working to address root causes, harmful attitudes and behaviour related to SGBV, and coordinates work with communities, social structures, institutions and States to address inequalities in relation to gender roles, minorities and disadvantaged, marginalised and excluded groups.<sup>2</sup>

In accordance with its humanitarian mandate, the International Committee of the Red Cross (ICRC) works towards the elimination of sexual violence<sup>3</sup> in armed conflict, other situations of violence and detention, to ensure that victims/survivors have access to all necessary services, that communities and individuals strengthen their resilience,<sup>4</sup> and future incidents are prevented.<sup>5</sup> The ICRC is uniquely placed in its ability to engage in confidential dialogue with States, armed forces and non-State armed groups in armed conflict, as well as working with communities in areas inaccessible to others. It also has access to contexts of detention in many humanitarian settings, where men, boys and/including LGBTIQ+ persons may experience heightened risk of SGBV.<sup>6</sup>

Given the above, the Movement is well-placed to contribute to existing knowledge gaps, by which this report is a minor contribution, and meet the complex challenges associated with responding to victims/survivors of SGBV who are men, boys and/including LGBTIQ+. Despite this, the Movement, as many other humanitarian actors, has a long way to go in adequately meeting the diverse and wide-ranging needs of men, boys and/including LGBTIQ+ persons who are victims/survivors of SGBV in humanitarian settings. That being said, a handful of promising examples of interventions for these populations do exist:

- In 2017 the Thai Red Cross set up a trans-gender specific sexual health clinic to allow trans persons to access health services, into which medical and mental health and psychosocial services for victims/survivors of SGBV are integrated
- In Nepal in 2015, the National Society partnered with a local LGBTIQ+ organisation, Blue Diamond, to provide assistance and safe shelter specifically for trans persons, to ensure their inclusion in the response and to reduce their exposure to risk of SGBV
- In 2019-2020, in Burundi, the Burundi Red Cross engaged in community outreach sessions on SGBV against men and boys and increased access to mental health and psychosocial services for male victims/survivors of SGBV.

Furthermore, the Movement is actively committed to strengthening the inclusive SGBV response and moving beyond the mere acknowledgement that victims/survivors are a diverse population.

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# EXECUTIVE SUMMARY

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*"Many humanitarian agencies not only overlook needs of females, but also completely overlook men, boys and sexual minority groups as sexual and gender-based violence survivors in their needs assessment, discussions with communities, during data collection and follow-up community-based and humanitarian response programming."*<sup>7</sup>

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Due to increased attention by academic researchers, humanitarian agencies, and human rights advocates over the past fifteen years, it is widely acknowledged that SGBV occurs in, and is likely exacerbated by, the context of armed conflict, other situations of violence, detention, and before, during, and after other humanitarian crises, including natural disasters. It is also widely accepted and well documented that adult women and adolescent girl children face high risks of SGBV due to structural and systemic gender inequality and discrimination.<sup>8</sup> Historically, humanitarian actors have targeted their response to SGBV to women and girls because there is overwhelming evidence that they are impacted in large numbers. There is now increasing recognition of the diversity of victims/survivors of SGBV in conflict settings and other humanitarian emergencies – for example, men, boys and/including LGBTIQ+ persons\* are at risk of a range of types of SGBV.

Whilst it remains challenging to obtain accurate data on male victims/survivors of SGBV in humanitarian emergencies, there is ne-

vertheless ample evidence of such violations from across a large number of historical and modern day armed conflicts.<sup>9</sup> This violence is not geographically limited – rather, accounts of sexual violence against men and boys have been received from around the world.<sup>10</sup> Indeed, in e.g. conflict-affected settings, within the context of migration and in detention, the impact and prevalence has likely been severely underestimated.<sup>11</sup> Further, specifically as a result of their non-conforming sexual orientation and/or gender identity and expression, LGBTIQ+ persons may be at particular risk of certain forms of SGBV – due to e.g. social and/or legal discrimination, restricted social status, or social isolation.<sup>12</sup>

The consequences of SGBV for any person, regardless of gender, age, sexual orientation and gender identity and expression (SOGIE<sup>13</sup>) and other diversity factors, are extensive and devastating. They often include physical, mental health and psychosocial, and socioeconomic dimensions, and are both immediately harmful, as well as damaging in the long-term. Due to social and cultural norms linked to mas-

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\* This report uses “men, boys and/including LGBTIQ+ persons” throughout, in order to draw attention to specific groups who may be at risk of SGBV (in the context of armed conflict, other situations of violence, detention, and before, during, and after other humanitarian crises, including natural disasters), beyond women and girls, who remain disproportionately targeted. The rationale for addressing this group within this report is that they are increasingly recognised as being at risk of SGBV, and their needs and experiences are not adequately, if at all, reflected in the humanitarian response. The phrasing “men, boys and/including LGBTIQ+ persons” serves the purpose of noting that men and boys, as well as all LGBTIQ+ persons, whether men, boys, women or girls, are addressed in this report. Given the lack of research on the experiences of these groups, the report does not draw conclusions about them individually.

culinity, and understandings thereof, there are distinct gendered stigmas associated with SGBV for male victims/survivors, and these compound complexity in disclosing, ensuring safe and inclusive access to services, as well as engaging with men and boys on the best access points for supporting them.

Moreover, diversity factors such as SOGIE may influence to what extent a person is at risk of SGBV. For example, transgender women and girls – who were assigned male at birth but do not identify as men or boys – may be specifically targeted by SGBV as a measure to ‘correct’ their gender identity;<sup>14</sup> alternatively, a gay man in a context where a non-heterosexual sexual orientation is grounds for the deprivation of liberty may face an increased risk of SGBV, including ill-treatment in detention.<sup>15</sup> Boys in humanitarian settings are at risk of a range of types of SGBV, including when outside of a protective family environment. For example, they may be exposed to sexual violence by weapons bearers, sexual exploitation and abuse at the hands of humanitarian workers or peacekeeping forces, may be trafficked for the purposes of sexual exploitation, or forced to resort to harmful coping mechanisms to meet their basic needs.<sup>16</sup> They may also be at risk of sexual abuse from members of their own family and community.<sup>17</sup>

Services to respond to the needs of all victims/survivors of SGBV remain lacking in humanitarian settings, and understanding within the humanitarian community about the experiences and needs of men, boys and/in-

cluding LGBTIQ+ victims/survivors is limited. As with cisgender<sup>18</sup> women and girls, men, boys and/including LGBTIQ+ victims/survivors require a multi-sectoral and survivor-centred response, with access to medical, psychosocial and counselling services which are responsive to trauma, including mental health, sexual and reproductive health services.<sup>19</sup> Safety and security, adequate shelter, livelihood support or access to education, and access to legal services are also essential to meeting their needs. Gender norms, harmful service-provider attitudes and restrictive legislation deter men, boys and/including LGBTIQ+ persons from accessing existing services, and constitute impediments to the design and development of appropriate and accessible care.

This report draws on existing secondary literature on men, boys and/including LGBTIQ+ victims/survivors of SGBV in humanitarian settings in order to contribute to improving knowledge within the humanitarian sector, for the purposes of better meeting the needs of all victims/survivors. In so doing, it also calls upon States, the various components of the Red Cross Red Crescent Movement, and other humanitarian actors, to, amongst other recommendations, take concerted action towards building inclusive and non-discriminatory domestic legal environments, establishing and sustaining programmes which include men, boys and/including LGBTIQ+ victims/survivors, and addressing harmful service provider attitudes through training and sensitisation.

# RECOMMENDATIONS

## TO STATES

### Legislation

- (a) Review domestic legislation to ensure the prohibition of sexual violence is non-discriminatory, encompassing violence perpetrated by any person, against any person, in accordance with international law; and unhindered access to justice for all victims/survivors.<sup>20,21</sup>
- (b) Review domestic legislation to ensure protection against sexual violence, and access to appropriate care<sup>22</sup> for all victims/survivors without discrimination<sup>23</sup> based on criteria including SOGIE.<sup>24</sup>
- (c) Review domestic legislation to ensure it provides special measures of protection for child victims/survivors of sexual violence, without discrimination based on gender, SOGIE or other diversity factor.<sup>25,26</sup>

### Assistance and services to survivors

- (d) Establish and sustainably fund survivor-centred, evidence-based and inclusive programs for healthcare and social support for all victims/survivors of SGBV, while ensuring accountability to women and girls.
- (e) Ensure that complaints procedures in places of detention allow detainees to report incidents of sexual violence safely and confidentially and without retaliation. This also applies to complaints procedures outside of detention.

- (f) Conduct, in consultation with populations at risk, a survivor-centered analysis of the impacts of mandatory reporting of sexual violence on all victim/survivors.

### Training and sensitisation of responders

- (g) Invest in the training and sensitisation of service providers and responders on protection of all victims/survivors of SGBV, without discrimination based on gender, SOGIE or other diversity factor, through a survivor-centred approach.

### Awareness raising

- (h) Raise awareness of the general public and local communities of the fact that any person can be a victim/survivor of SGBV, and that all victims/survivors have the right to protection, appropriate care, and to unhindered access to justice.
- (i) Continue to use avenues for diplomatic dialogue and influence to draw attention to SGBV in humanitarian settings to promote survivor-centred, non-discriminatory and inclusive frameworks.

## TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT

### Measures to meet humanitarian needs

- (a) Invest in the development and implementation of holistic and where required, standalone, programs specifically for men, boys and/including LGBTIQ+ victims/survivors of SGBV, while ensuring continued accountability to women and girls.
- (b) Engage in safe and ethical consultations with victim/survivor groups, and other community actors such as women-led organisations, LGBTIQ+ organisations, youth-led organisations and community leaders in developing a humanitarian response to SGBV.
- (c) Train service providers in the clinical management of sexual violence for all victims/survivors of SGBV.<sup>27</sup>
- (d) Implement sensitisation and training sessions for all humanitarian responders who may encounter men, boys and/including LGBTIQ+ victims/survivors of SGBV in their work.
- (e) Take action to meet humanitarian needs where certain groups of victims/survivors of SGBV cannot access necessary services.

### Assistance to strengthen the response of States

- (f) Provide dedicated support to States to improve the inclusivity of domestic legislation on sexual violence, and address other obstacles impeding the accessibility of services for all victims/survivors of SGBV.

- (g) Support the capacity-building of policymakers and practitioners at the domestic level on survivor-centred service delivery, including legal pathways for victims/survivors of SGBV.
- (h) Support awareness raising measures to address harmful attitudes and negative bias.
- (i) Contribute to the global evidence-base by actively providing input into processes such as programme evaluations and operational research, to assess what works in terms of prevention and response for all victims/survivors of SGBV.
- (j) Contribute to the development of country-level inclusive and diversity-friendly responses to SGBV.
- (k) Ensure that referral pathways include linkages with community-based organisations comprised of, representing, or delivering services to men, boys and/including LGBTIQ+ victims/survivors of SGBV in order to meet their specific needs.
- (l) The components of the Red Cross Red Crescent Movement should use their respective mandates to support the above-mentioned measures, as pertinent, and contribute in consultative processes to share experiences on responding to SGBV for all victims/survivors in various humanitarian settings.

# KEY CONCEPTS

**DIVERSITY:** all forms of differences based on social backgrounds and identities that make up a population, including but not limited to differences in sex, age, disability, race, national, ethnic or social origin, religion or belief, political or other opinion, language, socio-economic status, sexual orientation and gender identity.

**DETENTION:** people are deprived of their liberty – detained – when they are confined in a narrowly bounded place, under the control or with the consent of a State or non-State actor, and cannot leave at will. People can be considered to be detained from the time they are apprehended or held without permission or authority to leave, until their release.

**GENDER:**<sup>28</sup> socially-constructed identities, attributes and roles for women and men and society's social and cultural meaning for these biological differences. These may result in hierarchical relationships between women and men and in the distribution of power and rights favouring men and disadvantaging women. This social positioning of women and men is affected by political, economic, cultural, social, religious, ideological and environmental factors and can be changed by culture, society and community.

**INCLUSION:** the meaningful participation of all persons in their community and all aspects of life, the promotion of their rights, and the consideration of their perspectives in the design and implementation of humanitarian activities and services.

**INCLUSIVE PROGRAMMING:** taking all specific measures required to ensure everyone in the affected community has equitable access to resources, services and programme activities.

**INTERSECTIONALITY:** an analytic framework that demonstrates how forms of social ca-

tegorisations interact, for example, gender, age and disability, overlap and define unique social groups. An intersectional approach acknowledges that needs, risks and capacities associated with gender, age, disability, race and ethnicity or other identities cannot be understood sufficiently by studying them separately.

**LESBIAN, GAY, BISEXUAL, TRANS, INTERSEX, QUEER AND/OR QUESTIONING + (LGBTIQ+):** Lesbian, Gays, Bisexual, Transgender, Intersex, Queer and/or Questioning and the "+" as an acknowledgement that there are non-cisgender and non-straight identities which are not included in the acronym – e.g. two spirited, vakasalewalewa, sworn virgins, etc.

**SEXUAL VIOLENCE:** any act of a sexual nature committed against any person by force, threat of force or coercion. It includes rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against a third person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment. It furthermore includes acts of a sexual nature that a person is forced to engage in, against another person, owing to the factors and circumstances outlined above.

**GENDER-BASED VIOLENCE (GBV):** An umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a man, woman, girl or boy on the basis of their gender. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse.

**PERSONS WITH DISABILITIES:** include those who have long-term physical, psychosocial, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

**SEXUAL AND GENDER MINORITIES (SGM):** refers to people with diverse sexual orientations, gender identities, gender expressions and sex characteristics that depart from majority norms. Minority does not refer to a numerical

minority but denotes the power imbalance that renders sexual and gender minorities invisible or considers them less worthy of inclusion.

**VICTIM/SURVIVOR:** this publication uses victim/survivor in order to balance the need to stress the element of victimhood as a means of centring wrongdoing, with the importance of self-identification – in that individuals should be free to choose the terms they prefer to be referred by – which could be either, both, none and could change over time.

# **1 INTRODUCTION:** **addressing the gap between knowledge and action**



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*"Despite the severe health and social burden associated with conflict-related sexual violence, virtually no evidence exists on how medical, mental health and psychosocial support (MHPSS) interventions work for men, boys and LGBT [IQ+] survivors of conflict-related sexual violence."*<sup>29</sup>

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### **RECOMMENDATION TO HUMANITARIAN ACTORS AND THE RED CROSS RED CRESCENT MOVEMENT**

The components of the Red Cross Red Crescent Movement should use their respective mandates, as pertinent, to support and strengthen the response of States to all victims/survivors of SGBV, and contribute in consultative processes to share experiences on responding to SGBV for all victims/survivors in various humanitarian settings.

This report draws attention to the often undisclosed experiences and unmet needs of victims/survivors of SGBV who are men, boys and/including LGTBIQ+ persons. In an effort to share knowledge and improve understanding within the humanitarian sector, as well as to highlight the plight and severe lack of services for victims/survivors, it provides a review of existing secondary research and makes recommendations for States, the International Red Cross Red Crescent Movement<sup>30</sup> ("the Movement"), and other humanitarian actors. In terms of scope, the report addresses SGBV

across a diverse range of humanitarian settings, both below and above the threshold of the application of international humanitarian law (IHL), in alignment with the complementary mandates of the different components of the Movement. Such settings include armed conflict, other situations of violence, detention, and before, during, and after other humanitarian crises, including natural disasters.

The Movement's work on SGBV against men, boys and/including LGTBIQ+ persons is rooted in the humanitarian principle of impartiality, according to which humanitarian action should benefit people solely on the basis of need, without regard to e.g. their gender, age, disability, origin, race or other diversity factor,<sup>31</sup> such as their sexual orientation or gender identity and expression. Non-discrimination lies at the heart of this principle and underlies all international humanitarian law,<sup>32</sup> compelling humanitarian actors to strengthen gender and diversity inclusion at the programmatic level, with a view to ensuring equitable access to – and participation in – programs and services for all potential victims/survivors of SGBV. There is thus a clear humanitarian imperative to address SGBV against men, boys and/including LGTBIQ+ persons, to ensure that their experiences are acknowledged and understood, and their needs are met.

Whilst it is commonly accepted that women

and girls are disproportionately affected by SGBV, there is increasing recognition of the experiences of SGBV of men and boys in humanitarian settings. In e.g. conflict-affected settings, within the context of migration and in detention, the impact and prevalence of SGBV against men and boys has likely been severely underestimated.<sup>33</sup> Moreover, as this report will outline further, LGBTIQ+ persons, whether female, male or non-binary, may face increased risk of SGBV, notably in contexts where homosexuality and/or same-sex intimate relations are criminalised, or when in detention.<sup>34</sup> It is widely acknowledged that there is a lack of adequate and accessible quality services for all victims/survivors of SGBV, and those that do exist are reportedly ill-suited to men, boys and/including LGBTIQ+ persons.

Despite ample evidence of SGBV against men and boys in numerous and diverse humanitarian settings, including in detention facilities in conflict, and in post-conflict situations, as well as many accounts of SGBV against LGBTIQ+ persons, particularly in human rights reporting, there is a gap between such knowledge and humanitarian programs designed to address the needs of these victims/survivors.

It is important to note that increased attention to the unmet needs of men, boys and/including LGBTIQ+ victims/survivors must not entail a de-prioritisation of resources for women and girls, for whom comprehensive services remain largely insufficient. Rather, it should be emphasised that the root causes which underlie SGBV, such as structural and systemic gender inequality and discrimination, are harmful to all victims/survivors. In other words, SGBV is a gendered phenomenon, rooted in harmful social practices attached to gender roles and associated power dynamics, and the abuse of power. For example, cultural norms linked to masculinity serve to reproduce gendered stigmas associated with SGBV for male victims/

survivors. As a result, male victims/survivors may be viewed as unable to provide financially for, or protect, their family, and therefore marginalised. SGBV against men and boys both intersects with violence against women and girls, as well as has an impact on their lives.<sup>35</sup> For example, women and girls may be forced to witness acts of SGBV perpetrated against men and boys (intersection), and may face consequences such as enhanced caring responsibilities, poverty and stigma as a result of SGBV being perpetrated to male family or community members (impact).

Moreover, the risks of SGBV faced by different persons, as well as their coping strategies and the ability to access care and services, are influenced by a complex interplay of categories (e.g. gender, race, ethnicity, class, caste, religion, disability, age, sexual orientation and gender identity and expression), which together comprise an individual's particular positioning within power structures in a given context. Therefore, in order to understand the risks, vulnerabilities and needs across a diverse population of victims/survivors of SGBV, an intersectional analysis which takes into account the interconnected identities of a person is necessary.

Such analysis requires the engagement of victims/survivors themselves, as well as their communities, in order to understand the diversity of needs and capacities, and enable humanitarian actors to develop services and risk mitigation activities which are accessible to all victims/survivors, taking into account their gender, age, disabilities or other identities or diversity factors. It is also key to recognise the diversity of victims/survivors within a given group, as well as their intersecting identities. For example, a person belonging to a sexual and gender minority (SGM) may be e.g. a gay man, a transgender woman or a bisexual adolescent girl, all of whom face individual risks

and have individual experiences of SGBV, different barriers to accessing services, and a variety of needs. Equally, men and boys are not a homogenous group with identical needs. For example, whether or not a male victim/survivor will prefer a same sex or opposite sex service provider will depend on the individual and the context, and the experiences and needs of boy children may be very different to those of men. The complexity associated with providing for the diversity of needs of all victims/survivors of SGBV remains a prominent challenge, requiring humanitarian actors to continuously engage with affected populations and

their communities.

Similarly to other humanitarian actors, the Movement face a range of challenges in delivering an inclusive response to the full diversity of victims/survivors of SGBV in humanitarian settings, many of which are touched upon in this report. The Movement is therefore actively committed to strengthening the inclusivity of its approach to working on SGBV, in order to move beyond the mere acknowledgement that victims/survivors are a diverse population.<sup>36</sup>

## **2 THE LAWS APPLY TO ALL**

**– sexual violence against men, boys and/including LGBTIQ+ persons in international law**



While distinctions can be made between some forms of SGBV during armed conflict and other situations of violence, many forms tend to be interconnected and share root causes and detrimental consequences for victims/survivors, regardless of the categorisation of the conflict or the applicable legal framework. In humanitarian settings, such as conflict, post-conflict and disaster, the erosion of state apparatuses, disruption of livelihoods, increase in poverty, proliferation of small arms and light weapons, and displacement, among other factors, can exacerbate existing trends of SGBV – such as intimate partner violence, marital rape and child or forced marriage – among civilians. Similarly, humanitarian crises such as armed conflict serve to increase the risks of SGBV for LGBTIQ+ persons,<sup>37</sup> who during peacetime in many places face severe discrimination, persecution and violence.

International law defines sexual violence as acts of a sexual nature committed against any person by force, threat of force or coercion. It includes, though is not limited to, rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization. Sexual violence against any person – including men, boys and/including LGBTIQ+ persons – is prohibited by international humanitarian law (IHL), international criminal law (ICL), and international human rights law (IHRL).

## **2.1 INTERNATIONAL HUMANITARIAN LAW**

IHL requires non-discrimination in its application.<sup>38</sup> Sexual violence is prohibited under IHL against any person, including men, boys and/including LGBTIQ+ person.<sup>39</sup> This prohibition is part of customary IHL in both international and non-international armed conflicts.<sup>40</sup> In international armed conflicts, it is prohibited by numerous provisions of the Geneva Conventions and their Addi-

onal Protocols, including for example the gender-neutral formulation<sup>41</sup> of Article 75(2) (b) of Additional Protocol I, which prohibits outrages upon personal dignity, in particular humiliating or degrading treatment, enforced prostitution and any form of indecent assault against all person, such that it includes men, boys and/including LGBTIQ+ person, together with women and girls.<sup>42</sup>

In non-international armed conflict, sexual violence, including against men, boys and/including LGBTIQ+ persons, is prohibited under common Article 3 of the Geneva Conventions, which requires the humane treatment of persons not or no longer taking part in hostilities, and which prohibits cruel treatment, torture and outrages upon personal dignity, in particular humiliating and degrading treatment.<sup>43</sup> Furthermore, Article 4(2)(e) of Additional Protocol II prohibits outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault against persons not or no longer taking part in hostilities in non-international armed conflicts.<sup>44</sup>

IHL also expressly provides for the special protection of children affected by any armed conflict, including their protection against all forms of sexual violence.<sup>45</sup>

Finally, IHL also requires that all wounded and sick, including victims/survivors of sexual violence in need of medical care receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition and that no distinction may be made on any grounds other than medical ones.<sup>46</sup>

## **2.2 INTERNATIONAL CRIMINAL LAW**

Rape and other forms of sexual violence in ar-

med conflict can amount to serious violations of IHL, and as such constitute war crimes. International criminal law contains gender-neutral definitions of acts of sexual violence, meaning that it prohibits sexual violence against any person, including men, boys and/including LGBTIQ+ persons.<sup>47</sup> Of landmark significance, the definition of sexual violence in the ICC Statute is deliberately gender-neutral, thus recognising that any person may be a victim of the war crime of sexual violence.<sup>48</sup> Though he was subsequently acquitted based on other elements in 2018, in 2016 the ICC prosecuted and convicted Jean-Pierre Bemba Gombo for male rape under the specific charge of rape, thus becoming the first international court to do so.<sup>49</sup>

Rape and other forms of sexual violence can also constitute other crimes. The International Criminal Tribunal for the former Yugoslavia (ICTY) confirmed in its case-law that rape and sexual violence can amount to torture and humiliating and degrading treatment, and thus be prosecuted and punished as such, including when perpetrated against men.<sup>50</sup> Furthermore, rape and other forms of sexual violence during armed conflict can also, depending on the circumstances, constitute genocide or crimes against humanity. In particular, sexual violence as genocide and a crime against humanity is included and prohibited in gender-neutral terms in the Statutes of the ICTY and the International Criminal Tribunal for Rwanda (ICTR), and deliberately so in the ICC Statute.<sup>51</sup>

### **2.3 INTERNATIONAL HUMAN RIGHTS LAW**

Human rights law also contains provisions that prohibit sexual violence against men, boys and/including LGBTIQ+ persons. Regarding general human rights treaties, this prohibition is explicitly included, in gender-neutral terms, in the 1989 Convention on the Rights

of the Child, which requires States Parties to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of sexual exploitation and sexual abuse.<sup>52</sup>

Moreover, the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the International Covenant on Civil and Political Rights, as well as the African Charter on Human and Peoples' Rights, the European Convention on Human Rights and the American Convention on Human Rights all prohibit torture and other cruel, inhumane or degrading treatment, and thus prohibit sexual violence as a form of these acts.<sup>53</sup> Apart from the abovementioned findings of the ICTY, the recognition of sexual violence as a form of torture has been acknowledged among others by the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,<sup>54</sup> and similar findings have been confirmed in the jurisprudence of the Inter-American Commission on Human Rights and the European Court of Human Rights.<sup>55</sup>

Human rights law also recognises the right to receive treatment and health services, including for victims/survivors of sexual violence. This can be found in a number of human rights texts<sup>56</sup> which sometimes explicitly address the needs of victims/survivors of sexual violence.<sup>57</sup>

### **2.4 DOMESTIC LAW IS LESS UNIFORM**

Though the prohibition of sexual violence against men, boys and/including LGBTIQ+ persons under international law is clear, domestic law is less uniform. To reflect international law on the issue, domestic legislation should avoid restrictive definitions that, for example, prevent certain persons from being recognised as victims/survivors of sexual violence based on their gender.<sup>58</sup> In addition, do-

mestic legislation should ensure that a victim/survivor's access to justice is not hindered by counter-charges that criminalise certain sexual acts even where the act is non-consensual, meaning that the victim/survivor may

face charges after reporting sexual violence. In general, laws that criminalise homosexuality or adultery can act as barriers for a victim/survivor of sexual violence seeking to access justice.<sup>59</sup>

## **RECOMMENDATIONS TO STATES**

Review domestic legislation to ensure the prohibition of sexual violence is non-discriminatory, encompassing violence perpetrated by any person, against any person, in accordance with international law; and unhindered access to justice for all victims/survivors.

Review domestic legislation to ensure protection against sexual violence, and access to appropriate care for all victims/survivors without discrimination based on criteria including SOGIE.

Review domestic legislation to ensure it provides special measures of protection for child victims/survivors of sexual violence, without discrimination based on gender, SOGIE or other diversity factor.

## **RECOMMENDATIONS TO HUMANITARIAN ACTORS AND THE RED CROSS RED CRESCENT MOVEMENT**

Provide dedicated support to States to improve the inclusivity of domestic legislation on sexual violence, and address other obstacles impeding the accessibility of services for all victims/survivors of SGBV.

### **3 UNDERREPORTED AND OVERLOOKED: what is the scale of the issue?**



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*"In conflicts in which sexual violence has been properly investigated, male sexual violence has been recognised as regular and unexceptional, pervasive and widespread, although certainly not at the rate of sexual violence committed against women."*<sup>60</sup>

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Factors associated with armed conflict, other situations of violence, disasters and other emergencies, such as the “weakening of community and institutional protection mechanisms, disruptions of services and community life, destruction of infrastructure, separation of families, displacement and limited access to justice and health services, among others, in addition to structural gender inequalities, may contribute to an increased risk and impact of SGBV”<sup>61</sup> for all persons.

An extensive literature review has revealed that there are many reports of SGBV against men and boys in conflict settings and other humanitarian emergencies. In general, these reports come from academic scholars or human rights organisations. Every decade, academics report about the existence of sexual violence against men: “reports of sexual violence by men against men emerge from many conflicts. These reports may be buried under a wealth of other information, but they are there.”<sup>62</sup> Notably, “between 1998 and 2008 alone, sexual violence against men was noted in reports on twenty-five conflict-affected countries.”<sup>63</sup>

Despite the clarity of the prohibition of sexual violence in international law, there is increasing evidence that SGBV against men and boys in humanitarian settings is not uncommon. For example, in one conflict-affected country, a population-based survey found that almost

25% of men were victims/survivors of sexual violence.<sup>64</sup> Within one state in another context of conflict, close to half of the men surveyed reported having experienced or witnessed sexual abuse against other men.<sup>65</sup> In a third country, evidence indicates that 21% of men in detention had experienced sexual abuse; 7% of these reported genital harm through electric shocks, and 5% reported being victims/survivors of rape.<sup>66</sup> Further, “men (and women) are particularly vulnerable in detention centres, where 50 to 80 per cent of male torture survivors have reported sexual violence.”<sup>67</sup> Given that SGBV tends to be severely underreported, and given the many barriers to service access faced by victims/survivors, some of which are specific to men, boys and/including LGBTIQ+ persons, it is likely that these figures represents only a small portion of those who are victims/survivors.

The precise nature and magnitude of SGBV against men, boys and/including LGBTIQ+ is therefore difficult to verify; where it has been investigated in conflict and post-conflict settings, “levels of sexualised violence against males during conflict are much higher than is generally assumed or publicly admitted”.<sup>68</sup> Available accounts indicate that sexual violence occurs in a wide range of settings, which includes but is not limited to: military camps and training centres; check-points, police stations, prisons and torture cells and oth-

er places of detention, people's own homes; their neighbourhood or village.<sup>69</sup> In many male survivor accounts, sexual violence is deliberately perpetrated in front of an audience, with the intention to humiliate and create repercussions for the individuals involved, linked to the public nature of the act. In detention, the victim/survivor may (also) be forced to actively participate in sexual acts against fellow detainees.<sup>70</sup>

The prevalence of SGBV against LGBTIQ+ persons in humanitarian settings remains largely unknown; however, given that this population generally faces persecution and discrimination on the basis of their SOGIE, it is generally acknowledged that they are at high risk of certain forms of SGBV. For example, "they may

be at risk of sexual violence that is specifically perpetrated as a hate or bias crime."<sup>71</sup> Little is reflected in the literature about the distinct challenges, in terms of access to appropriate services and support, faced by persons with diverse SOGIE. Indeed, there is limited knowledge about the role that discrimination based on diverse SOGIE plays on either service-provision or indeed in continued perpetration of sexual violence itself, whether or not occurring in the context of an armed conflict, other situations of violence, detention or disaster, as the majority of research in this area focuses on the issue of so called 'curative' or 'corrective' rape:<sup>72</sup> "the common intended consequence of the rape, as seen by the perpetrator, is to turn the person heterosexual or to enforce conformity with gender stereotypes".<sup>73</sup>

# **4 STIGMA, HARM AND FEAR:** **the devastating consequences** **of SGBV against men, boys and/** **including LGBTIQ+ persons in** **humanitarian settings**



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*"Sexual violence is stigmatising for all survivors in most cultures, often casting a permanent taint on their perceived dignity and honour."<sup>74</sup>*

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The consequences of sexual violence are both immediate and long term. They often affect all dimensions of a person's physical, psychological and social well-being. Most of the time, they also affect entire families and communities. Male victims/survivors of SGBV may face stigma and fear due to concerns about their masculinity and sexuality, and may experience shame around the idea that they "should have been able" to prevent what happened to them. These distinct gendered stigmas associated with SGBV for male victims/survivors compound complexity in ensuring safe and inclusive access to services, as well as engagement with men and boys on the best access points for supporting them. Similarly, little is known in humanitarian settings about the distinct challenges, in terms of access to appropriate services and support, faced by LGBTIQ+ victims/survivors of SGBV.

The physical, mental health and psychosocial, and socioeconomic needs of men, boys and including LGBTIQ+ victims/survivors of SGBV are complex and wide-ranging, and require survivor-centred and multisectoral approaches. The following sections outline examples of the potential consequences and needs of victims/survivors which may be specific to men, boys and including LGBTIQ+ persons respectively, both in order to highlight the varied experiences of such victims/survivors, as well as to avoid addressing them as an homogeneous group, categorically separate to women and girls.

Moreover, given that LGBTIQ+ persons may be male, female or non-binary, may be adults or children, and may be e.g. lesbian/gay/trans/intersex or of another non-conforming sexual orientation and gender identity, understanding specific risks and needs, whilst also recognising the intersectionality of these identity components, is key to addressing the needs of such victims/survivors of SGBV. In other words, a victim/survivor who is a man, boy and/or LGBTIQ+ person may experience any number of the physical, mental health and psychosocial, socio-economic and behavioural consequences set out below, depending on their individual experience of SGBV and the interplay of factors which may influence their level of risk.

#### **4.1 ADULT MALE VICTIMS/SURVIVORS OF SGBV IN HUMANITARIAN SETTINGS**

Adult male victims/survivors of SGBV may endure a wide variety of physical injuries,<sup>75</sup> such as rectal trauma, including rectal fistulae and fissures, haemorrhoids from anal rape; erectile dysfunction, both due to infections or damage to the penis or prostate but also psychological trauma, which may also have an impact on relations; abdominal tearing and hernias; penile trauma related to forced circumcisions, torture of genitals/foreskin/testicles, electro-shock, burning, and even castration, with victims/survivors reporting physical difficulties in urinating; testicular trauma including bruising, smashing, torturing with electro-shock and even castration;

sexually transmitted infections (STIs), Hepatitis B and HIV infection, venereal warts; and fatal injuries from forcible circumcision, castration of the testicles or penile amputation or from anal or abdominal injuries sustained during anal rape. Other physical symptoms may include back pain and abdominal pain: scarring, mutilation and signs of torture; and altered body language, e.g. difficulty making eye contact.

The mental health consequences for victims/survivors of SGBV have been well documented, and it is generally acknowledged that men appear to suffer similar mental health consequences to women after sexual violence.<sup>76</sup> For example, adult male victims/survivors may experience depression and anxiety, intrusive thoughts and images and sleep and appetite disturbances. They may also suffer from sexual dysfunction, anger and irritability, and loss of self-esteem. Some male victims/survivors may experience post-traumatic stress disorder (PTSD), self-blame and other negative emotions, as well as anti-social behaviour. Forced witnessing is reportedly particularly harmful, causing shame and humiliation and impacting on men's roles in the family and community. Much like female victims/survivors, male victims/survivors internalise feelings of guilt, shame and self-blame. They may react with isolation, anger, and increased risk-seeking behaviour, and may resort to e.g. substance abuse and self-harm.

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*"Sexual violence, in disempowering men, can also disempower the broader community."*<sup>77</sup>

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Adult male victims/survivors of SGBV may also face a range of socioeconomic consequences, such as loss of livelihood, loss of their provider role, rejection from family and/or community, and stigma. For some men, the effect on tra-

ditional protector and provider roles may be experienced by the victim's/survivor's family and wider community – for example, the family and community may be made to feel vulnerable and unable to protect themselves.<sup>78</sup> The loss of the primary source of income may also cause tension within the family.<sup>79</sup> In many humanitarian settings, victims/survivors are likely to be economically vulnerable before and after having been exposed to violence, forcing them to engage in unsafe or irregular livelihood activities. Such economic pressure can cause emotional distress, and may prevent victims/survivors from accessing health services due to the impossibility of leaving work or being able to afford health services or transport to such services.

## **4.2 BOY VICTIMS/SURVIVORS OF SGBV IN HUMANITARIAN SETTINGS**

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*"Child sexual abuse and exploitation has a significant impact on the health and well-being of children and adolescents worldwide. The impact will vary in relation to the nature, severity and duration of the abuse, developmentally in relation to the child or adolescent's ability to understand the abuse, their coping strategies and the responses from family, friends, wider community and services."*<sup>80</sup>

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Whilst specific literature on both girl and boy child victims/survivors of SGBV in humanitarian settings is very limited, indications of their experiences and needs do exist.<sup>81</sup> For example, boy victims/survivors of SGBV, in addition to many of the injuries and symptoms listed above, may reportedly present with e.g. pain, discoloration, sores, cuts, bleeding or discharges in genitals, anus or mouth; wetting/soiling accidents; weight

loss or weight gain; lack of personal care; and pain during urination/bowel movements.<sup>82</sup> In terms of their mental health and psychosocial wellbeing, boy victims/survivors may e.g. experience behavioural/emotional changes; psychological harm stemming from cultural beliefs which affect willingness to disclose;<sup>83</sup> and impaired cognitive and emotional and social development.<sup>84</sup> Depending on their age, developmental stage and cultural context, child victims/survivors of SGBV may reportedly present signs and symptoms such as difficulty sleeping, fear of people, places and activities, and eating problems, among many more.<sup>85</sup> Socioeconomic consequences experienced by boy victims/survivors of SGBV may include e.g. family rejection, extreme social stigma and loss of educational and employment opportunities.<sup>86</sup>

### **4.3 LGBTIQ+ VICTIMS/SURVIVORS OF SGBV IN HUMANITARIAN SETTINGS**

LGBTIQ+ victims/survivors may experience all or many of the injuries and symptoms listed above. Moreover, lesbians, bisexual women and trans men, may face specific consequences such as e.g. unwanted pregnancy due to rape; forced marriage; vaginal injuries, breast and nipple mutilation and related trauma. In terms of their mental health and psychosocial wellbeing, in addition to all of the above, LGBTIQ+ victims/survivors may face well-fo-

unded fears of their sexual orientation and/or gender identity being revealed, especially in contexts where same-sex relations are criminalised. They may thus feel obliged to conceal their sexual orientation and/or gender identity and expression in order to protect themselves from violence.<sup>87</sup> LGBTIQ+ adolescent children face compound discrimination and exclusion as a result of their age and sexual orientation and/or gender identity, and are at increased risk of sexual exploitation and abuse and sexual violence, including by family members.<sup>88</sup> Socioeconomic consequences of SGBV which may be particularly relevant for LGBTIQ+ victims/survivors include negative coping strategies such as reliance on sex work<sup>89</sup> and increased exposure to sexual exploitation through informal work.

### **RECOMMENDATIONS TO STATES**

Raise awareness of the general public and local communities of the fact that any person can be a victim/survivor of SGBV, and that all victims/survivors have the right to protection, appropriate care, and to unhindered access to justice.

**5 UNDERSTANDING INDIVIDUAL RISK:  
SGBV experienced by men, boys  
and/including LGBTIQ+ persons,  
and diversity factors which  
contribute to such risk**



Gender is one of several factors that determines and interacts with power dynamics in society to shape experiences of SGBV. It is a cross-cutting factor among a range of complex and intersecting identities<sup>90</sup> which combine to influence a person's position within society, their risk of experiencing SGBV, and their ability to access services. Whereas the factors which influence vulnerability to SGBV (such as age, disability and sexual orientation and gender identity) inevitably overlap, it is important to raise attention to each element, whilst recognising their intersection, in order to enable the inclusion of each factor in analysis. Members of these groups known to be at higher risk of exposure to SGBV due to diversity factors require protection-focused approaches that consider the specific circumstances that may exacerbate or reduce their situation of vulnerability.

The following sub-sections outline the types of SGBV of which men, boys and/including LGBTIQ+ persons are at risk (5.1), in order to identify risks which may be specific to LGBTIQ+ persons (5.2) and boys (5.3), to then (5.4) reflect on the impact of potential intersections between such categorisations.

### **5.1 NOT ONLY ANAL RAPE: THE MANY TYPES OF SGBV EXPERIENCED BY MEN, BOYS AND/INCLUDING LGBTIQ+ VICTIMS/SURVIVORS IN HUMANITARIAN SETTINGS**

SGBV against men, boys and/including LGBTIQ+ persons is poorly understood within the humanitarian community, and understandings are often limited to rape – predominantly anal rape perpetrated by another man. However, SGBV against men, boys and/including LGBTIQ+ persons can take many forms, and can include e.g. forced nudity; rape (oral

and anal), including with weapons or other objects; sexual exploitation; genital mutilation (including castration, penile amputation); enforced sex acts; enforced sexual violence against others; enforced sterilisation; sexual slavery; and forced witnessing.<sup>91</sup> Already in 2003, the World Health Organization (WHO) noted that the forms of sexual violence most commonly experienced by men include “receptive anal intercourse, forced masturbation of the perpetrator, receptive oral sex or forced masturbation of the victim”.<sup>92</sup>

There may be contextual variation in the forms that SGBV against men takes in humanitarian settings. For example, a study conducted by the Refugee Law Project in Uganda in 2017 with refugees found that 29% of male victims/survivors disclosed forced nudity, compared to approximately 10% reporting genital harm, and around 4% rape.<sup>93</sup> In the conflict in the Former Republic of Yugoslavia, genital harm was reportedly a common form of sexual violence against men and boys, such as castration and other forms of sexual mutilation.<sup>94</sup> Service provision data collected by Médecins Sans Frontières (MSF) for a study undertaken between 2011 and 2017 in seven African countries where the organisation provides specific sexual violence services for all victims/survivors, including men and boys, noted different types of violence depending on the gender of the victim/survivor. In particular, men were less likely to be raped compared to women, but more likely to be submitted to lesser-known types of sexual violence, such as humiliating assault or being compelled to rape, often combined with physical violence. It also emerged that sexual assault against men was more likely to happen in institutions and/or public places, such as schools, prisons and detention centres (rather than at home).<sup>95</sup>

## **5.2 DISCRIMINATION, PERSECUTION AND VIOLENCE: SPECIFIC RISKS OF SGBV FOR LGBTIQ+ PERSONS IN HUMANITARIAN SETTINGS**

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*"The vulnerabilities that sexual and gender minority people face are not innate to their sexual orientation and gender identities, but are determined by the currents of social exclusion and discrimination that condition their lives, which are often amplified in times of conflict."<sup>96</sup>*

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While SGBV can affect any person, certain groups may be particularly at risk, or targeted for such abuse based on unequal social and gender dynamics. SGBV is known to be disproportionately directed at women and girls,<sup>97</sup> owing to unequal gender norms resulting in unequal power and access. In other words, specifically as a result of their non-conforming sexual orientation and/or gender identity and expression, LGBTIQ+ persons may be at particular risk of certain forms of SGBV – due to e.g. social/legal discrimination, restricted social status, or social isolation.<sup>98</sup> Such forms of SGBV may include genital violence, enforced rape of others and so-called ‘corrective’ rape. The sexual victimisation of LGBTIQ+ persons in humanitarian settings is not uncommon,<sup>99</sup> and recent research notes that services for LGBTIQ+ populations in the humanitarian sector, including for victims/survivors of SGBV, tend to focus on gay men or men who have sex with men, and there has not been significant focus on e.g. lesbians, trans men, trans women, intersex persons, and non-binary persons.<sup>100</sup> The heterogeneity of LGBTIQ+ victims/survivors of SGBV is not well-understood and reportedly restricts access to care.

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*"Women and girls with diverse sexual orientations and gender identities may*

*be among the most isolated and at-risk individuals in a community due to discrimination and threats of family and community rejection and harm."<sup>101</sup>*

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LGBTIQ+ persons are subject to distinct forms of persecution and discrimination, some of which constitute forms of SGBV.<sup>102</sup> For example, in 2019 it was reported that a male activist for lesbian, gay, bisexual, transgender, queer and intersex rights was gang raped by detention guards.<sup>103</sup> LGBTIQ+ persons who identify as women and girls may be among the most isolated and at-risk; for example, refugee LGBTIQ+ women may be subjected to sexual violence, forced marriage and female genital mutilation (FGM).<sup>104</sup> Rape may also be used against lesbian women and girls as punishment for their sexual orientation.<sup>105</sup> Homophobic, biphobic and transphobic attitudes reportedly often underlie violence against LGBTIQ+ persons in conflict settings.<sup>106</sup> Transgender women,<sup>107</sup> third-gender<sup>108</sup> and gender non-binary persons,<sup>109</sup> and other LGBTIQ+ persons who were assigned a male gender at birth, but do not identify as men or boys, may experience violence directed against them because their gender identity or expression does not align with their assigned (male) gender.

## **5.3 AGE IS A KEY FACTOR OF VULNERABILITY: SPECIFIC RISKS OF SGBV FOR BOYS IN HUMANITARIAN SETTINGS**

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*"The risk of SGBV against boys is a particular blind spot for communities, humanitarian agencies, and governments, driven in large part by local cultural beliefs, practices and expectations about male gender norms. In addition, adolescent boys can be seen as a threat not subject to child*

*rights. These perceptions further isolate boys and restrict their access to prevention and response services.*"<sup>110</sup>

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Age is another factor which may contribute to increased risk of SGBV, as a result of which both boy and girl children may face increased risks in humanitarian settings. Importantly, some existing evidence suggests that in most contexts, the risk of being subjected to sexual violence for persons who identify as male is at its greatest when they are children.<sup>111</sup> Whilst recognising that girls are disproportionately affected, it is important to also consider that "sexual violence in conflict is sometimes assumed to concern only girls, so that data documenting sexual violence against boys is scarce."<sup>112</sup> Whereas there is a lack of knowledge on the specific experiences and needs of boys, and girls, as victims/survivors of SGBV in humanitarian settings, existing literature has nevertheless identified a number of factors which may contribute to increased risk.

In particular, unaccompanied or separated children, children in detention, child migrants<sup>113</sup> or children associated with the armed forces or armed groups may face heightened exposure to SGBV due to the combination of their young age and the risks associated with the particular humanitarian context. These may be further exacerbated by the lack of a protective family environment.<sup>114</sup> However, it must also be noted that sexual violence against children perpetrated during armed conflict by members of the family or community of the victim/survivor are more pervasive than such violence by weapons bearers.<sup>115</sup>

Children in armed forces or groups may be forced to perpetrate sexual violence. For example, boy children in armed groups may reportedly be forced to rape girl children to 'prove' their masculinity. Children may also be at particular

risk of sexual violence by weapons bearers and sexual exploitation and abuse by e.g. humanitarian workers and peacekeeping forces in humanitarian settings, in particular if they are orphans, separated from their parents and families, and/or in families who depend on humanitarian assistance.<sup>116</sup> According to recent research, children's proximity to armed conflict, (defined as living closer than 50 kilometres) "where at least one conflict actor has been reported to perpetrate sexual violence against children in a given year",<sup>117</sup> constitutes a significant risk. Figures from 2019 indicate that due to their proximity to conflict with reports of sexual violence, a staggering 72 million children worldwide are at risk.<sup>118</sup>

Boys, as with girls, may also be at risk of child sexual abuse, including trafficking for the purposes of sexual exploitation.<sup>119</sup> Boys, as with girls, who are forced to resort to harmful coping mechanisms to meet their basic needs<sup>120</sup> may also be particularly vulnerable to types of SGBV such as sexual exploitation, as well boys/girls who are engaged in unlawful child labour.<sup>121</sup>

In addition, boys, including adolescent LGBTIQ+ persons, are at increased risk of sexual violence within migrant populations, or if they live on the street. For example, a local NGO specialising in SGBV response<sup>122</sup> reportedly receive as many as 60 cases a year of male adolescent child victims/survivors of sexual violence. In one context, following an influx of migrants, a lot of unaccompanied and/or separated children who were male had to resort to living on the streets. Among its male victims/survivors of SGBV, the NGO reported treating mostly unaccompanied or separated male children. This account reflects other reports about widespread sexual violence, including e.g. rape, forced prostitution and survival sex, against unaccompanied boys within migrant populations, both during their migration journey, as

well as upon arrival in their host country.<sup>123</sup>

#### **5.4 INTERSECTING DIVERSITY FACTORS**

Applying a gendered and intersectional analysis of diversity factors is key in order to understand and assess the needs and experiences of e.g. LGBTIQ+ persons and/including boy and girl children at risk of SGBV. Such analysis allow considerations of the specific circumstances which may heighten their vulnerability to SGBV, such as age and SOGIE, in the design of assistance, protection and prevention approaches.

In other words, intersecting diversity factors may combine to increase a person's risk of SGBV. For example, persons with disabilities (which include psychological, intellectual, sensory and physical impairments) who are LGBTIQ+ persons are at particular risk of sexual violence.<sup>124</sup> Generally, persons with disabilities are among the most marginalised people in crisis-affected communities and disproportionately affected by conflict and disasters. In some contexts, their risk of morbidity and mortality is significantly higher than that of persons without disabilities, and persons with disabilities face substantial barriers to accessing assistance.<sup>125</sup> Persons with disabilities in humanitarian settings are often excluded from programs and services designed to prevent and respond to SGBV due to the multiple

and intersecting forms of discrimination they experience, for example on the basis of both their gender and disability.<sup>126</sup> Whilst there is little documented knowledge about the specific risks of SGBV for LGBTIQ+ persons with disabilities, it is likely that the marginalisation and discrimination experienced as a result of these diversity factors combine and contribute to increased risk of harm, including SGBV.

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*"The root causes of GBV against persons with disabilities remain inequality based on the power imbalance that exists between men and women in the community, and within these groups. The risk of GBV, however, is exacerbated in humanitarian settings when paired with the inequalities and oppression associated with disability, particularly for women and girls."<sup>127</sup>*

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Similarly, whereas the intersection of young age and disability, in terms of a person's risk of exposure to SGBV in humanitarian settings, has not been extensively studied, research indicates that this intersection may indeed compound risk. For example, children with disabilities may reportedly have more limited access to education, which in turn denies them access to safe spaces, leaving them more vulnerable to SGBV.<sup>128</sup>

## **6 Settings which increase the risk of SGBV for men, boys and/including LGBTIQ+ persons in humanitarian contexts**



Humanitarian settings by their own nature present a variety of profound and interlinked risks which cause populations to be vulnerable to harm such as SGBV. This holds true for women and girls, men and boys, including LGBTIQ+ persons. Such risks may include general insecurity due to e.g. the intensification of armed conflict and other situations of violence, political instability and the collapse of the rule of law; the collapse of state services and increased barriers to service access; the loss of livelihoods and destruction of homes; and natural, technological and biological hazards as a result of disaster. Moreover, there is intersection between conflict and disaster given that the majority of disasters occur in areas experiencing conflict,<sup>129</sup> and the relationship between conflict, disaster and SGBV is not well-understood.<sup>130</sup> The following sub-sections outline the key risks of SGBV for men, boys and/including LGBTIQ+ persons associated with armed conflict, disaster, migration and post-conflict settings (6.1), and detention (6.2), respectively.

## **6.1 SITUATIONS OF INSECURITY, INSTABILITY AND VIOLENCE: ARMED CONFLICT, DISASTER, MIGRATION AND POST-CONFLICT SETTINGS**

As has been widely documented, in **armed conflict**, men, boys and/including LGBTIQ+ persons may be subjected to SGBV by parties to conflict, such as State military and security forces, or non-State armed groups. Acts of SGBV can be deliberately used to assert authority, to punish, to create fear, to humiliate, to discriminate and to obtain information. Manifestations of sexual violence constitute torture and other cruel, inhumane or degrading treatment or punishment, and are forbidden at all times and in all circumstances. Men, boys and/including LGBTIQ+ persons in settings of armed conflict and other situations of violence are reportedly at risk of a wide range

of types of SGBV, including, but not limited to, forced oral sex, genital harm, castration and anal rape (including with a weapon or other object), as well as forced witnessing. Men and boys may also be vulnerable to coercion into unwanted sexual acts or to engaging in survival sex due to circumstances related to forced displacement.<sup>131</sup>

Generally, recent research points to increases in SGBV in the immediate aftermath of **disasters** due to the lack of employment opportunities, the lack of security, and children becoming lost or being abandoned during disaster.<sup>132</sup> Whilst there is only a very limited understanding of the specific risks of SGBV associated with disaster settings for men, boys and/including LGBTIQ+ persons,<sup>133</sup> it has nevertheless been found that specifically boys, as well as girls, are at risk of sexual exploitation and abuse by humanitarian workers, military and police in the context of disaster.<sup>134</sup> Cases of child sexual abuse against both boys and girls within communities having experienced disaster have also been reported.<sup>135</sup> Moreover, where LGBTIQ+ persons do not have access to safe, segregated shelter following a disaster, they may face increased risks of SGBV.

Further, recent research indicates that in the context of **migration**, for male refugees, sexual harassment and/or unwanted sexual contact (of boys) is not uncommon.<sup>136</sup> Refugee boys may be at particular risk of sexual violence perpetrated by older boys or men from within their community, as well as host communities in countries of asylum. Refugee men and boys may also be exposed to sexual exploitation when engaged in informal work in countries of asylum.<sup>137</sup>

**Post-conflict settings** reportedly expose LGBTIQ+ people to abuse and harassment, requiring them to hide their sexual orientation, gender identity and expression, and sex cha-

racteristics. LGBTIQ+ persons are commonly at risk of violence at the hands of security agents, community members and fellow asylum seekers and refugees.<sup>138</sup> LGBTIQ+ persons who are refugees may face “double stigma”<sup>139</sup> due to their refugee status as well as their diverse sexual orientation and/or gender identity, which reportedly puts them at particular risk of SGBV by e.g. authority figures.

As outlined in detail in the following section, men, boys and/including LGBTIQ+ persons experience increased risk of SGBV in closed settings, such as in the context of detention. This also holds true for institutional settings for boys, including those who are LGBTIQ+, which increases their risk of experiencing sexual abuse.<sup>140</sup>

## **6.2 ISOLATED, CLOSED, WITH UNEQUAL POWER AND CONTROL: SGBV AGAINST MEN, BOYS AND/INCLUDING LGBTIQ+ PERSONS IN DETENTION**

The ICRC and other humanitarian actors with access to detention settings know that men, boys and/including LGBTIQ+ persons are subject to SGBV when detained. The nature of detention – isolated, closed, with unequal power and control – combined with the many deficiencies in detention systems, be they military, police, prison, migration etc., reportedly increases vulnerability to sexual violence. Detention creates opportunity for perpetration and raises barriers to accessing victims/survivors in order to provide them with the services they need. Sexual violence and other forms of SGBV are used against detained men, boys and/including LGBTIQ+ persons to, for example, assert authority, to punish, and to obtain information. One explanation for sexual violence among men, boys and/including LGBTIQ+ persons who are detained lies in stereotypical and narrow conceptions of masculinity based on power and dominance which often

prevail in this binary context, and may underpin detainee hierarchies.

The forms which sexual violence takes for men, boys and/including LGBTIQ+ persons in detention reflect those in the outside world, but the fact of detention may lead additional actions to be experienced as sexual violence, even if they do not involve physical contact. For example, forced nudity, verbal sexual threats and humiliation often accompany other forms of ill-treatment during questioning. Men and boys in detention are at risk of sexual violence and other forms of SGBV throughout the detention process, including during arrest, transfer, investigation and interrogation, upon arrival in detention, during searches as well as in their sleeping areas, dressing/undressing areas, toilets and wash places.<sup>141</sup> SGBV is not only perpetrated by officials against men, boys and/including LGBTIQ+ persons and their family/partners, but also by detainees against other detainees, sometimes referred to as ‘inter-detainee violence’. Sometimes this is hard to qualify, as when individuals are deprived of their liberty, genuine consent in sexual matters becomes almost impossible.

### **Boy victims/survivors in detention**

Like girls, detained boys can be at particular risk of SGBV in detention. Children in detention are often unable to inform their families where they are, are likely isolated from protective relationships. Facilities and regimes rarely meet their physical, psychological or social needs, and they may have to rely on other inmates for basic provisions. Even when held in cells separately from adult detainees, children remain at risk of SGBV from adults and other children present in detention settings, particularly where there is poor oversight, large numbers, and a failure to separate different age, sex and risk groups. Where children have experienced different types of abuse prior to detention, they are at additional risk, giving

rise to specific needs that require attention.<sup>142</sup> A child who has himself perpetrated an act of sexual violence can still be considered a victim with very specific needs.<sup>143</sup>

### **LGBTIQ+ victims/survivors of SGBV in detention**

It is often very unsafe for detainees to identify themselves as LGBTIQ+ persons – their identity may even be the reason they have been imprisoned. In some contexts, local LGBTIQ+ organisations seek access to detention as they know that LGBTIQ+ persons are often targeted by the authorities, in particular if engaged in sex work. In the absence of effective detention management and staff supervision, LGBTIQ+ detainees, particularly trans women, are reported to be at high risk of SGBV due to prejudice and other cultural norms and attitudes. In particular, there are reports of trans women being routinely incarcerated in prisons with men, increasing the risk of experiencing sexual violence, as well as degrading body searches.<sup>144</sup> SGBV is even reportedly perpetrated against LGBTIQ+ persons in detention as a “correction” for behaviour and appearance that are seen as reprehensible in this setting and/or the broader culture, aimed at changing the person’s sexual orientation.<sup>145</sup>

## **6.3 SGBV AS A FORM OF TORTURE**

The experiences and injuries of male victims/survivors of SGBV are commonly characterised as arising as a result of torture, rather than specifically sexualised violence. Such narratives are likely the result of factors such as domestic criminal legislation that provides narrow and gender-specific definitions of rape or other acts of SGBV, such that only women and girls can be victims/survivors, as well as pervasive cultural norms that do not position men and boys as potentially vulnerable to SGBV. The misconception that SGBV against men and boys only occurs in places of detention as a form of torture,<sup>146</sup> rather than under a range of different circumstances including e.g. in public, in their homes, during flight and during village attacks,<sup>147</sup> may contribute to such characterisations. These misconceptions and characterisations overlook the sexual dimensions of SGBV against men/boys and limit understanding of the crime. It is essential that humanitarian actors are aware that male victims/survivors may use language related to torture rather than SGBV in order to describe their experiences. It is also key to acknowledge that it may indeed be the victim’s/survivor’s preference to report acts of ‘torture’ rather than acts of ‘SGBV’, for example in an attempt to avoid stigma relating to sexual victimisation, or to avoid criminal accusations of homosexuality.

**7 CONSIDERING VICTIMS'/  
SURVIVORS' NEEDS AND  
PREFERENCES: examples of  
models of response, prevention  
approaches, and associated gaps  
and challenges**



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*"For men, boys and/including LGBT [IQ+] groups who recognise the trauma experienced as a problem for which they would like to seek help, they may be then confronted with the lack of available specialised assistance and resources."<sup>148</sup>*

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Given the diverse and wide-ranging needs of male and LGBTIQ+ victims/survivors of SGBV, survivor-centred and multi-sectoral responses are urgently needed in humanitarian settings. Victims/survivors and their family members must have access to medical, psychosocial and counselling services which are responsive to trauma, and should include mental, sexual and reproductive health services, including emergency contraception and HIV post-exposure prophylaxis.<sup>149</sup> Safety and security, adequate shelter, livelihood support and legal responses are also essential to meeting their needs. Responses to victims/survivors must align with the “do no harm” principle and evidence-based humanitarian standards. The following sub-sections outlines examples of different approaches to the response and prevention of SGBV against men, boys and including LGBTIQ+ persons.

## **7.1 EXAMPLES OF MODELS OF RESPONSE**

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*"Models of care that are gender-sensitive and integrated to local resources are promising avenues to promote the health of male and LGBT [IQ+] survivors of conflict-related sexual violence."<sup>150</sup>*

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There are few targeted programs for men, boys and/including LGBTIQ+ victims/survivors in humanitarian settings, and availability and access to services remain severely lacking. As a result, there is also a lack of evidence regarding the quality and effectiveness of existing interventions. In many settings, health care responses for male victims/survivors are ad hoc and provided when men spontaneously disclose and come forward to seek medical services – often when they are suffering severe consequences that they cannot treat themselves – such as abdominal tearing, rectal trauma that prevents defecation, or bruising/tearing/burns or injuries to the testicles. Specifically, there is very limited knowledge about programming for boy victims/survivors of SGBV, as well as boys who may be at risk of such violence,<sup>151</sup> and a general lack of services for both boy and girl child and adolescent victims/survivors.

Nevertheless, data from Médecins Sans Frontières (MSF) has shown that male victims/survivors are more likely to present and search for care at clinics providing integrated care (medical and mental health and psychosocial) for victims/survivors of violence, and where disclosure of sexual violence is not a pre-condition to accessing care, rather than stand-alone sexual violence clinics or clinics integrated into Maternal and Child Health units. The recognition of the specific needs

## RECOMMENDATION TO STATES

Establish and sustainably fund survivor-centred, evidence-based and inclusive programs for healthcare and social support for all victims/survivors of SGBV, while ensuring accountability to women and girls. Where required this can be standalone programs specifically targeting certain groups of survivors. The aim would be to ensure competent, safe and accessible services that are coordinated, for all survivors.

## RECOMMENDATION TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT

Invest in the development and implementation of holistic and where required, standalone, programs specifically for men, boys and/including LGBTIQ+ victims/survivors of SGBV while ensuring continued accountability to women and girls. As with the State services, the services rendered through the programs need to be adequate, competent and safe as well as coordinated and adjusted to other available services, as pertinent. It will be important to build competency on meeting the specific need of the victims/survivors of the target groups.

and experiences of male survivors (for instance, the fact that men and boys can be exposed to lesser-known types of sexual violence, such as enforced rape) has also called for the strengthening of specialised psychological care. In addition, MSF has identified the lack of knowledge about SGBV services among adult males as a major barrier to care access. They therefore stress health promotion activities divided per sex and age as relevant to meeting the needs of male victims/survivors of SGBV.<sup>152</sup>

**Stand-alone services**, such as one-stop centres for SGBV, provide a range of multi-disciplinary services in order to “reduce victim retraumatisation when seeking care”.<sup>153</sup> Such models of care have generally been developed specifically for women and girl victims/survivors of SGBV, who in accessing traditional

non-integrated services have had to re-tell traumatic experiences and engage repeatedly with service providers, who may or may not be trained in, or sensitive to, receiving such accounts. Whereas stand-alone services endeavour to render care more accessible and acceptable to victims/survivors of SGBV, as well as improve their quality and multisectoral coordination,<sup>154</sup> and whilst recent evidence shows that male and child victims/survivors do access one-stop centres for care across several settings,<sup>155</sup> it remains largely unknown whether such services provide appropriate and/or accessible entry points and services for men, boys<sup>156</sup> and/including LGBTIQ+ persons.

**Population-specific services**, which tend to be community-based/grassroots, advocacy-focused and largely underfunded, and

often excluded from the humanitarian response, provide an alternative to the models outlined above. Contrary to stand-alone services which are specific to SGBV care, such services often provide integrated care to promote health access for specific populations, such as LGBTIQ+ persons, which may facilitate access for victims/survivors of SGBV and mitigate the risk of stigma. An example of this model includes the trans-gender specific sexual health clinic set up by the Thai Red Cross AIDS Research Centre's Tangerine Community Health Centre in Bangkok, where transgender women and men can access health services provided by gender-sensitive medical professionals and trained transgender staff.<sup>157</sup> Given that "programmes can benefit from a good knowledge of the profile of their beneficiaries, and should be tailored to the local context",<sup>158</sup> such models of care should be put forward for wider consideration.

### **Examples of organisations which offer specific services for men, boys and including LGBTIQ+ persons**

Recent research indicates that there is a need to generate further evidence "to ensure specific guidance is provided on how to design and operationalise a survivor-centred, gender-sensitive and intersectional approach to sexual violence programming that addresses the needs of male and LGBTIQ+ victims/survivors and takes into account sub-groups' multi-layered vulnerabilities".<sup>159</sup> Nevertheless, whilst the humanitarian response remains very limited, there are a few key actors, such as the Refugee Law Project, with programs that work specifically with male victims/survivors of SGBV to provide direct legal and psychosocial support. Médecins Sans Frontières (MSF),<sup>160</sup> an international humanitarian health care provider, focuses on male victims/survivors in selected contexts, and MOSAIC is an organisation which works primarily with gay male and trans women victims/survivors.

Additionally, torture response programs like the Centre for Victims of Torture (CVT), as well as other agencies and networks specialised in working on trauma and torture, treat male sexual violence victims/survivors under the category of torture victims/survivors within their programs. Moreover, some local non-governmental organisations (NGOs) affiliated with CVT also provide services, but very few of them work in humanitarian settings.

There are also very few organisations that have specific programs to work with LGBTIQ+ persons in humanitarian settings, and almost none that work primarily on sexual violence against such populations. Existing responses have been largely driven by local NGOs who have the trust of the community, such as MO-SAIC and several smaller NGOs like Community Empowerment and Self Support Organization (CESSO) and LVCT Health. Hebrew Immigrant Aid Society (HIAS) also provides psychosocial support for LGBTIQ+ refugees. Larger organisations reportedly see primarily gay men and transgender women as victims/survivors of SGBV, and some small community-based organisations work with lesbian women and girls.

### **RECOMMENDATION TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT**

Ensure that referral pathways include linkages with community-based organisations comprised of, representing, or delivering services to men, boys and/including LGBTIQ+ victims/survivors of SGBV in order to meet their specific needs.

## 7.2 EXAMPLES OF PREVENTION APPROACHES

Understanding risk and protective factors for SGBV is key to implementing effective prevention approaches of relevance for all victims/survivors. Whereas States and humanitarian actors still have much to learn in terms of understanding what works to prevent SGBV against all victims/survivors, a number of promising prevention approaches exist.

Inclusive SGBV programming must, in its prevention interventions, explicitly recognise that men, boys and/including LGBTIQ+ persons are at risk of SGBV in a range of humanitarian settings and analyse their specific protection needs, in order to allow those in charge of their protection to develop **risk reduction** and other preventative measures. For example, in the context of displacement, such measures may include “the provision of lighting, an adequate security presence (including female security personnel), secure shelters allocated accor-

ding to need and vulnerability, and water, sanitation and hygiene facilities that are safe and accessible.”<sup>161</sup> Men, boys and/including LGBTIQ+ persons should be included in the design of prevention strategies,<sup>162</sup> to understand their protection needs and enable the identification of risk mitigation measures.

In some settings, humanitarian actors provide **financial support** through cash assistance to LGBTIQ+ persons in order to support them to access safe shelter, decrease their reliance on harmful coping mechanisms such as survival sex and reduce their risk of experiencing sexual violence.<sup>163</sup> Prevention interventions specifically for boys are scarce, however recent research from the Middle East indicates that **youth resilience programs and life skills programmes** which aim to equip children with knowledge of inappropriate behaviours and support them in seeking help may serve as effective prevention approaches.<sup>164</sup>

### RECOMMENDATION TO STATES

Invest in training and sensitisation of service providers and responders on protection of all SGBV victims/survivors, without discrimination based on gender, SOGIE or other diversity factor and through a survivor-centred approach. The aim of such trainings is particularly to address attitudes that may cause harm and be an obstacle for access to services as well as to ensure medical confidentiality.

### RECOMMENDATION TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT

Support awareness raising measures to address harmful attitudes and negative bias. The outreach should only take place after services are established, alternatively functioning referral pathways and awareness raising and capacity building measures have been implemented with service providers and responders.

Effective SGBV prevention also requires working to **address root causes, attitudes and behaviours**. This includes engaging in dialogue with States, armed forces and non-State armed groups, for example to remind them of the prohibition of sexual violence and engaging in dialogue with States on their domestic legislation. Working with communities is also vital in order to change restrictive mindsets and harmful social norms. In relation to men, boys and/including LGBTIQ+ persons, this might include raising awareness of the fact that they are at risk of SGBV in a number of situations, and where services exist, how they can be accessed by such groups. Addressing gender inequality and the marginalisation of disadvantaged or excluded groups is also at the heart of prevention work, through work with communities as well as social structures, institutions and States.<sup>165</sup>

The Movement plays an important role in the prevention of SGBV against all victims/survivors, including men, boys and/including LGBTIQ+ persons. Some may debate whether humanitarian actors can or should prevent SGBV during humanitarian crises. However, the ICRC, for example, regards its prevention work as a key aspect of its task of protecting conflict-affected people and people in detention. Further, the ICRC is well placed to engage in preventative action because of its privileged access to, and neutral and impartial **dialogue with, armed actors and detaining authorities**, allowing it to protect civilians, detainees and those hors de combat.

The ICRC also engages in efforts to support States in implementing their international legal obligations to develop domestic laws that respond effectively to IHL violations. In addition, the ICRC includes information on the IHL prohibitions against sexual violence in its formal reminders to parties to armed conflict to respect IHL, in its confidential discussions

with authorities and written representations to them, and in its in-person training programmes for armed actors in IHL-related issues.

The Movement also bolsters **community resilience** to sexual violence, by seeking to empower community members and leaders to identify causes and consequences, provide support and care for victims/survivors, and identify risks and develop strategies to mitigate them. This community-based prevention approach seeks to equip communities with the knowledge, capacities and resources to respond to SGBV and prevent its recurrence.

### 7.3 EXAMPLES OF AVAILABLE GUIDANCE

Despite the dearth of targeted programming for men, boys/including LGBTIQ+ victims/survivors in humanitarian settings, there is global guidance available for organisations to respond to male victims/survivors who present themselves for health care. However, it should be noted that evidence on their effectiveness remains inadequate.<sup>166</sup>

Below are examples of existing guidance for male victims/survivors:

- International Medical Corps, International Rescue Committee, UNICEF, UNHCR, UNFPA, USAID (2017) [Inter-Agency Gender-Based Violence Case Management Guidelines](#), (addresses male as well as LGBTIQ+ victims/survivors)
- International Planned Parenthood Federation (IPPF) and UNFPA (2017) [Global Sexual and Reproductive Health Package for Men and Adolescent Boys](#).
- World Health Organisation (2020) [Clinical management of rape and intimate partner violence survivors – Developing](#)

protocols for use in humanitarian settings

- Women’s Refugee Commission (2021) Addressing Sexual Violence against Men, Boys and LGBTIQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector
- Gender-Based Violence Area of Responsibility (GBV AoR), (2021), GBV AoR Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors in GBV Coordination.

Whilst limited, there is some specific guidance in place also for boy victims/survivors:

- International Rescue Committee and UNICEF (2012) Caring for Child Survivors of Sexual Abuse
- World Health Organisation (2017) Responding to Children and Adolescents who have been sexually abused.
- UNICEF (2020) Action to end child sexual abuse and exploitation: A review of the evidence
- UNICEF and Women’s Refugee Commission (2021) Supporting young male refugees and migrants who are survivors or at risk of sexual violence, A field guide for frontline workers in Europe.

## **7.4 KEY CHALLENGES IN RESPONDING TO MALE VICTIMS/SURVIVORS OF SGBV**

SGBV against men and boys remains largely underreported, and the limited documentation of male victims/survivors affects the design and development of adequate services. Identification of male victims/survivors of SGBV is challenging given their well-founded reluctance to disclose and their limited health-se-

eking behaviour. Disclosure is a difficult and complex process for victims/survivors of all genders, due to e.g. fear of adverse consequences such as revictimisation, stigmatisation and family and community rejection. Unlike cisgender women and girls who may be driven to disclose due to (fear of) pregnancy, cisgender men may not see immediate consequences of seeking healthcare and fear the stigma surrounding the incident. Male victims/survivors may fear being blamed, ridiculed or not being seen as credible.<sup>167</sup> Another element preventing male victims/survivors from disclosure is the fear of being labelled as homosexual, which can have socio-cultural but also legal consequences, e.g. in countries where homosexuality is criminalised.<sup>168</sup> For example, due to misconceptions and gendered norms around male vulnerability according to which men cannot be raped, male victims/survivors who disclose an experience of sexual violence may not be believed, and may instead be accused of a consensual sexual act with another man. This must be carefully and sensitively navigated by service providers, who must be LGBTIQ+ inclusive, whilst avoiding making assumptions about the sexual orientation, or gender, of a victim/survivor.

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*“If male survivors wished to report the abuse and were able to find the words with which to do so, they face the danger of consent being assumed if they are unable to prove the rape.”<sup>169</sup>*

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Mandatory reporting requirements for sexual violence which apply to health professionals may also dissuade male victims/survivors from coming forward, especially if they are concerned that such reporting may entail a breach of medical confidentiality.<sup>170</sup> For example, where adequate structures to ensure medical confidentiality are not in place, nota-

## RECOMMENDATION TO STATES

Conduct, in consultation with populations at risk, a survivor-centered analysis of the impacts of mandatory reporting of sexual violence on all victim/survivors. The analysis should assess how mandatory reporting affects access to health care, the extent of secondary harm it produces as well as whether it is effective in improving reporting, prosecution, protection and service delivery for victims/survivors and reducing cases of sexual violence.

## RECOMMENDATION TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT

Train service providers in the clinical management of sexual violence for all victims/survivors of SGBV. The aim of such training is to ensure that service providers have the necessary competency and attitude to ensure that the services is rendered without discrimination based on gender, SOGIE or other diversity factors as well as to ensure that programmes initiated will be contextualised and guided by applicable international standards.

bly in countries with fragile law enforcement and judicial institutions, reporting a case of sexual violence to law enforcement can place the victim/survivor at risk of further harm, e.g. retaliation from perpetrators, or violence from the community.

Common harmful myths which e.g. suggest that men and boys cannot be victims/survivors of SGBV, and misconceptions around SGBV against men/boys and homosexuality also serve as obstacles to care. The latter is reportedly a widespread perception amongst victims/survivors themselves, their communities, but also humanitarian staff, including service providers. In addition, subtle bias and negative cultural attitudes among service providers towards LGBTIQ+ persons, at times including homophobia, biphobia and trans-

phobia, are not uncommon. Homosexuality is criminalised in certain jurisdictions<sup>171</sup> and where it is not, it may be considered unacceptable in the socio-cultural context and/or considered to break socio-cultural norms. Moreover, penal codes in some jurisdictions provide a narrow definition of rape and other types of sexual violence, and exclude the possibility that certain categories of people can be victims/survivors of these violations. Victims/survivors may therefore experience that they are responsible for the act itself and, for example in the case of men, that what happened to them has made them homosexual. As a result, heterosexual male victims/survivors may feel a reluctance to disclose due to fear of being accused of homosexuality, or fear that their experience of SGBV has caused confusion about their sexuality.

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*“Where social norms and taboos on sexuality and sexual orientation marginalise or stigmatise same-sex relations, sexualised attacks against men not only serve to diminish the survivor’s masculinity in his own eyes and the eyes of perpetrators, but also can be interpreted by the survivor, perpetrators, and the wider community as an expression of the survivor’s sexual orientation or gender identity.”<sup>172</sup>*

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Given that men and boys may be reluctant to talk about issues relating to sexual and reproductive health, and/or because they may choose to characterise their injuries as the result of torture, men may present for health care with symptoms which are vague, and may not be identified as SGBV. In general, men may be concerned about their ability to perform sexually, have children, and marry, notably if they are victims/survivors of genital torture. Nevertheless, sexual and reproductive health care can be a relevant entry point for care for male survivors, if these services are designed to address their specific needs. In many contexts, the few sexual and reproductive healthcare services available are, or are perceived to be, female-oriented or only available to women, for example, if they are integrated within a Gynaecology and Obstetrics department, or Maternal and Child health unit. Such female-oriented services, which are generally largely insufficient in humanitarian settings, are life-saving and crucial for meeting the needs of women and girls. Male, as well as some LGBTIQ+ victims/survivors, have reported not feeling comfortable accessing them,<sup>173</sup> which may lead to increased feelings of solitude and rejection, as well as untreated health consequences. Where there are services which are inclusive of all victims/survivors of SGBV, men and boys may

reportedly not be aware of their existence, nor know how to access them.

## **7.5 KEY CHALLENGES IN RESPONDING TO LGBTIQ+ VICTIMS/SURVIVORS OF SGBV**

Health issues may be of particular concern to LGBTIQ+ victims/survivors, especially transgender persons who may express specific needs related to gender transitioning. Many also require significant mental health and psychosocial assistance to help recover from experiences of physical and sexual violence. One of the most significant barriers to LGBTIQ+ victims/survivors of SGBV may be the harmful attitudes expressed by service providers, including health care and mental health providers, which can e.g. cause such victims/survivors to feel severely discriminated against or cause them to experience revictimisation. In some contexts, LGBTIQ+ persons may be deeply suspicious and fearful of mental health and psychosocial services, due to harmful practices of gay and lesbian conversion therapy and the abuse of the psychiatric field to try and ‘correct’ homosexuality.

The lack of specialised quality services for LGBTIQ+ victims/survivors restricts their access to care. Further, in many settings, staff may not be sensitised to LGBTIQ+ friendly-care, may lack knowledge about the types of SGBV to which LGBTIQ+ persons are at risk, and the maintenance of confidentiality standards may be inadequate, all of which constitute additional barriers to access for LGBTIQ+ victims/survivors who require care.<sup>174</sup> In many settings, breaches in medical confidentiality could put an LGBTIQ+ victim/survivor at risk of e.g. ostracisation from family and community, the unwanted reveal of their sexual orientation/gender identity, or expose them to further violence. Legal barriers such as the criminalisation of same sex relations

and mandatory reporting requirements for sexual violence may also deter LGBTIQ+ persons from seeking necessary care, as doing so may place them at risk of e.g. further violence or incrimination.

### **RECOMMENDATION TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT**

Support the capacity-building of policymakers and practitioners at the domestic level on survivor-centred service delivery, including legal pathways for all victims/survivors of SGBV. This is to ensure that any legislation or policy adopted is free of any discrimination based on gender, SOGIE or other diversity factors.

## **7.6 KEY CHALLENGES IN RESPONDING TO MEN, BOYS AND/INCLUDING LGBTIQ+ VICTIMS/SURVIVORS OF SGBV IN DETENTION**

### **Barriers to reporting in detention**

Barriers to reporting SGBV for men, boys and including LGBTIQ+ persons which may be exacerbated in the context of detention include fear of further punishment and continued proximity to the perpetrator, power imbalances and a culture of silence. Detention officials, who often operate within militarised or quasi-military environments with hierarchical management, may be particularly reluctant to identify cases of SGBV in order to avoid admitting to breaches of control. Moreover, admitting to the use of disciplinary mea-

asures of a sexual nature may be the equivalent of acknowledging a serious professional failure, and/or complicity in a criminal offence. Medical confidentiality is often poorly maintained in detention, and health staff may even be under official obligation to disclose, which may make victims/survivors reluctant to come forward.

Access to detention is often difficult, and access to those who may be most vulnerable to sexual violence, i.e. those still undergoing questioning, is even harder and sometimes impossible to obtain. Detainees often wait to disclose their experiences until they are safely released or transferred and no longer facing the possibility of reprisals, as perpetrators, be they officials or detainees with delegated authority, hold the detainee in their power. One effect of this is that when SGBV against men, boys and /including LGBTIQ+ persons is documented, it is often from accounts of former detainees rather than from those who are currently in detention.

In addition, finding or creating the right conditions for detainees to discuss a sensitive and possibly stigmatising topic is difficult. Repeated visits may be needed to build confidence and ensure follow-up, including access to services, but are hard to guarantee. Overcrowding, physical design features, surveillance by guards, other detainees or technology, all contribute to lack of privacy and fear of disclosure.

As already mentioned, it may be easier for victims/survivors to disclose SGBV when it is covered by the generic term ill treatment and understood as one of its manifestations. This appears to hold true for detainees. A particularly challenging issue to discuss and address in detention is inter-prisoner male on male sex and when this constitutes sexual violence. It is particularly challenging to dis-

cuss due to associations of male on male sex with homosexuality, and its stigmatization.

### **Access to services in detention**

Detainee victims/survivors of SGBV have at least the same needs as other victims/survivors requiring a survivor-centred, multisectoral approach. For most cases of sexual violence in detention, responding by at least providing the most obvious care for the victims/survivors or referring them to care by another provider should be the norm. However, providing specialist services of any kind in detention is particularly difficult. Sexual-violence-specific physical and mental health and psycho-social services might be unavailable within the detaining institution or indeed outside it, or if available, hard to access. Successful rehabilitation may be impossible in settings where the detainee continues to be at risk of sexual abuse, and it can be difficult to remove detainees from violent settings. Even if transfer within detention is possible, it may expose victims/

survivors to stigmatisation or to other harms, for example those associated with isolation/solitary confinement. As for access to a legal response, multiple barriers exist for detainees, who often have little or no access to the outside world in the form of family or legal visits, telecommunication and correspondence, and judicial or other oversight bodies.

### **RECOMMENDATION TO STATES**

Ensure that complaints procedures in places of detention allow detainees to report incidents of sexual violence safely and confidentially and without retaliation. This also applies to complaints procedures outside of detention.

## 8 CONCLUSION



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*"SGBV is a risk for men and boys as well as for women and girls. This must be reflected systematically in the design and delivery of all SGBV prevention and response initiatives."<sup>175</sup>*

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As is highlighted in much recent literature, as well as throughout this report, victims/survivors of SGBV constitute a diverse population, with equally diverse, and largely unmet, needs. In humanitarian settings, there is a widespread lack of survivor-centred and multi-sectoral services to meet these needs, including for women and girls. Women and girls continue to be the most targeted by SGBV and face barriers to disclosure. In addition, gender norms present in many cultures and discriminatory practices mean that also men, boys and/including LGBTIQ+ persons may encounter such violence. Like women, and girls, they also face their own distinct barriers in disclosing their experience of SGBV, and encounter difficulties in accessing care. Men, boys and/including LGBTIQ+ persons rarely disclose or report their experiences of SGBV in humanitarian settings, as doing so may put them at risk. There are strong perceptions about who can be a victim/survivor of SGBV as dictated by norms surrounding masculinity or heterosexuality and binarity, which limit the health seeking behaviour of victims/survivors, and negatively impact service provider attitudes. Victims/survivors can face compounded risk, exclusion and discrimination arising from the different elements that shape identities. Discriminatory and/or narrowly defined domestic legal frameworks on the prohibition of sexual violence also limit understandings of who is at risk of such acts, and it may hinder access to protection, assistance and justice for a significant number of victims/survivors.

### **RECOMMENDATION TO STATES**

Continue to use avenues for diplomatic dialogue and influence to draw attention to SGBV in humanitarian settings to promote survivor-centred, non-discriminatory and inclusive frameworks.

### **RECOMMENDATION TO HUMANITARIAN ACTORS AND THE INTERNATIONAL RED CROSS RED CRESCENT MOVEMENT**

Contribute to the global evidence-base by actively providing input into processes such as programme evaluations and operational research, to assess what works in terms of prevention and response for all victims/survivors of SGBV.

Concerted efforts are needed to ensure confidential and safe services to meet the needs of all men, boys and/including LGBTIQ+ persons who are victims/survivors of SGBV, many of whom suffer severe physical and mental health consequences and protection risks. Their experiences of SGBV are interlinked with those of women and girls, and often have a direct impact on their lives. For example, men

and boys in conflict-settings may be forced to perpetrate acts of SGBV against female family or community members.

There remains an evidence-gap regarding the needs of men, boys and/including LGBTIQ+ victims/survivors, as well as the efficacy of existing interventions for these populations. Whereas there is a growing body of resources, such as practical guidelines, which pay attention to the specific needs of men, boys and/including LGBTIQ+ persons, they are limited. For humanitarian actors to be able to respond

comprehensively to SGBV in humanitarian settings, including against men, boys and/including LGBTIQ+ persons, they must work to become more gender and diversity inclusive in their operations. They must also take active steps to address harmful attitudes and negative perceptions of male and/including LGBTIQ+ victims/survivors, and to train and sensitise humanitarian workers on how to meet their needs in a non-discriminatory and respectful manner, in alignment with humanitarian principles.

# ENDNOTES

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2 Ibid.

3 The ICRC uses the international legal definition of sexual violence, meaning acts of sexual nature committed against any person by force, threat of force or coercion. (For sexual violence as defined above to fall under the scope of application of international humanitarian law, it needs to take place in the context of, and be associated with, an armed conflict. Coercion can be caused by circumstances such as fear of violence, duress, detention, psychological oppression or abuse of power. The force, threat of force or coercion can also be directed against another person. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person's incapacity to give genuine consent. It furthermore includes acts of a sexual nature that a person is caused to engage in against another person through the factors/circumstances outlined above. See ICTR, Prosecutor v. Jean-Paul Akayesu, Case No. ICTR-96-4-T, 2 September 1998, para 688, available at <http://unictr.unmict.org/sites/unictr.org/files/case-documents/ictr-96-4/trial-judgements/en/980902.pdf>.) It includes rape, sexual slavery, enforced prostitution, forced pregnancy and enforced sterilization. Other forms of sexual violence may include forced nudity, forcing a person to commit an act of sexual violence, etc. (From ICRC (2017) 'ICRC Strategy on Sexual Violence 2018-2022', accessed at [https://www.icrc.org/sites/default/files/topic/file\\_plus\\_list/icrc\\_strategy\\_on\\_sexual\\_violence\\_2018-2022\\_-\\_en.pdf](https://www.icrc.org/sites/default/files/topic/file_plus_list/icrc_strategy_on_sexual_violence_2018-2022_-_en.pdf) on 27th November 2021, p. 1)

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- 16 Inter-Agency Standing Committee (IASC) and Global Protection Cluster (2015) 'Thematic Area Guide for: Guidelines for Integrating GBV Gender-Based Violence Interventions in Humanitarian Action', accessed at [https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-child-protection-08\\_26\\_2015.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf) on 27th November 2021, p. 12
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- 18 'Cisgender' is a "term used to describe people whose sense of their own gender is aligned with the sex that they were assigned at birth" – See UN Free and Equal, 'Definitions', United Nations Office of the High Commissioner for Human Rights, accessed at <https://www.unfe.org/definitions/> on 27th November 2021
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- 22 See e.g. CEDAW, 1979, Articles 11(1)(f), 12 and 14(2)(b); CEDAW Committee, General Recommendation No. 35, 2017, para. 31(a)(iii). Victims/survivors and their family members shall have access to medical, psychosocial and counselling services. Health-care services shall be responsive to trauma and should include mental, sexual and reproductive health services, including emergency contraception and HIV post-exposure prophylaxis. Adequate shelters should be provided as required.
- 23 See ICRC, 'Section 4A Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence', accessed at <https://www.icrc.org/en/document/checklist-domestic-implementation-international-humanitarian-law-prohibiting-sexual> on 27 November 2021.
- 24 See e.g. Yogyakarta, Principle 17(M); and Yogyakarta, Principles 30(G) and (H); and ICRC (2020), Section 3E Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence <https://www.icrc.org/en/document/checklist-domestic-implementation-international-humanitarian-law-prohibiting-sexual>
- 25 See ICRC (2020), 'Section 5A, Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence' accessed at <https://www.icrc.org/en/document/checklist-domestic-implementation-international-humanitarian-law-prohibiting-sexual> on 27th November 2021
- 26 Due to the very limited literature on children with diverse SOGIE who are victims/survivors of SGBV, this report does not specifically address their needs and experiences. It notes, however, that this is a significant knowledge gap, often left unaddressed by child protection policy and practice.
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35 See e.g. Women's Refugee Commission, (2020) 'Sexual violence against men and boys in five conflict settings: Intersections with violence against women and girls' accessed at <https://www.womensrefugeecommission.org/wp-content/uploads/2020/10/Sexual-Violence-against-Men-Boys-Synthesis-Report.pdf> on 27th November 2021

36 For example, in 2015, in its Resolution 32/IC/15/R3 on Sexual and gender-based violence: Joint action on prevention and response, the Movement noted that "while women and girls are disproportionately affected, men and boys can also be victims/survivors of sexual and gender-based violence, and that factors such as age, disability, deprivation of liberty, displacement, religion, ethnicity, race and nationality, among others, may increase the risk".

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38 ICRC, (2005) Customary International Humanitarian Law, Rule 88, accessed at [https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1\\_rul\\_rule88](https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule88) on 9th November 2021

39 The following paragraphs do not include provisions prohibiting sexual violence exclusively against women.

40 ICRC, 'Customary International Humanitarian Law, Rule 93', accessed at [https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1\\_rul\\_rule93](https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule93) on 9th November 2021

41 The law is gender-neutral and therefore needs to be understood as gender-inclusive.

42 Additional Protocol I, Article 75(2)(b) and Commentary to Additional Protocol I, para. 3049.

43 Common Article 3 to the Geneva Conventions, § 1.

44 Additional Protocol II, Article 4(2)(e).

45 ICRC, Customary International Humanitarian Law, Rule 135 accessed at [https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1\\_rul\\_rule135](https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule135)) and Additional Protocol I, Article 77. While under these provisions children are explicitly protected, the general protection accorded by IHL, for instance under Common Article 3 to the Geneva Conventions, also remains relevant.

46 ICRC, Customary International Humanitarian Law, Rule 110, Common Article 3 to the Geneva Conventions, Geneva Convention I, Article 12, Geneva Convention III, Article 12, Additional Protocol I, Article 10(2), Additional Protocol II, Article 7(2).

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IT-96-23/1-A, Judgment, 12 June 2002, paras. 149-150; Trial Chamber, Prosecutor v. Zejnir Delalic and others, Case No. IT-96-21-T, Judgment, 16 November 1998, paras. 495-496; Trial Chamber, Prosecutor v. Blagoje Simić and others, Case No. IT-95-9-T, Judgment, 17 October 2003, paras. 728 and 772; and Trial Chamber, Prosecutor v. Ranko Češić, Case No. IT-95-10/1-S, Sentencing Judgment, 11 March 2004, para. 107.

51 For crimes against humanity see: ICTR Statute Art 3(g), ICTY Statute Art 5(g), ICC Statute Art 7(1)(g). For genocide see ICC Statute Art. 6(b) and the related definition of rape in the ICC Elements of Crimes. Moreover, sexual violence could also amount to genocide by the deliberate infliction of conditions of life calculated to bring about physical destruction (ICC Statute Art. 6(c)) and by the imposition of measures intended to prevent births (ICC statute Art. 6(d)).

52 Convention on the Rights of the Child, Articles 19(1) and 34.

53 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; International Covenant on Civil and Political Rights, Art. 7; African Charter on Human and Peoples' Rights, Art. 5; European Convention on Human Rights, Art. 3; American Convention on Human Rights, Art. 5

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- 55 See for instance Inter-American Commission on Human Rights, Raquel Martin de Mejia v. Peru, case 10.970, 1 March 1996 and European Court of Human Rights, Aydin v Turkey, case 57/1996/676/866, 25 September 1997.
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- 106 Gender Based Violence Area of Responsibility (GBV AoR) (2020) 'The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming', accessed at [https://gbvaor.net/gbviems/wp-content/uploads/2020/11/19-200-Minimum\\_Standards\\_Report\\_ENGLISH-Nov.FINAL\\_.pdf](https://gbvaor.net/gbviems/wp-content/uploads/2020/11/19-200-Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf) on 27th November 2021, p. viii
- 107 See Transgender (sometimes shortened to "trans") is an umbrella term used to describe a wide range of identities whose appearance and characteristics are perceived as gender atypical — including transsexual people, cross-dressers (sometimes referred to as "transvestites"), and people who identify as third gender. Transwomen identify as women but were classified as males when they were born, transmen identify as men but were classified female when they were born, while other trans people don't identify with the gender-binary at all. Some transgender people seek surgery or take hormones to bring their body into alignment with their gender identity; others do not. - See UN Free and Equal, 'Definitions', United Nations Office of the High Commissioner for Human Rights, accessed at <https://www.unfe.org/definitions/> on 27th November 2021
- 108 See Emily Dwyer and Lana Woolf, (2018) 'Down by the river. Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response' Oxfam Australia, accessed at <https://www.preventionweb.net/publication/down-river-addressing-rights-needs-and-strengths-fijian-sexual-and-gender-minorities> on 27th November 2021, p.4, who describe Third gender as "A person who has a gender identity that is neither female nor male. Third gender people may also demonstrate fluidity within their gender identity and may occupy social roles typically associated with one or more gender identities. Third gender identities are usually culturally specific, and third gender people may or may not identify as transgender".

109 See Emily Dwyer and Lana Woolf, (2018) 'Down by the river. Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response' Oxfam Australia, accessed at <https://www.preventionweb.net/publication/down-river-addressing-rights-needs-and-strengths-fijian-sexual-and-gender-minorities> on 27th November 2021, p.4, who define Gender non-binary as a person whose gender identity is on the spectrum of femininity and masculinity, but who does not identify as either a woman or a man.

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120 Inter-Agency Standing Committee (IASC) and Global Protection Cluster (2015) 'Thematic Area Guide for: Guidelines for Integrating GBV Gender-Based Violence Interventions in Humanitarian Action', accessed at [https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-child-protection-08\\_26\\_2015.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-child-protection-08_26_2015.pdf) on 27th November 2021, p. 12

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122 ABAAD - Resource Center for Gender Equality is a non-profit, non-politically affiliated, non-religious civil Lebanese association, which works on stopping and preventing gender-based violence, and provides protection and support services to GBV survivors during times of peace, war and disasters. ABAAD has developed a comprehensive portfolio of programs that targets in particular women and girls of all age groups from both host and refugee populations, but progressively, also men and boys of all age groups. In particular, it runs women and girls safe spaces and family support units, and emergency Safe Shelters for Women and Girls survivors of GBV in life threatening situation. Abaad has also developed a pioneer "Masculinities" programme, to engage men in working on and addressing hegemonic masculinities and violence against women. In particular, Abbad has opened "Men Centers" providing psychological rehabilitation services for men with violent behaviours.

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