



GBV AoR

Guidance to Gender-Based Violence Coordinators

Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination

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Introduction:

The GBV AoR applies the IASC definition of gender-based violence: “Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females.”¹ It includes threats of such violence and acts both in the public and private spaces.

The term GBV is used to underscore how systemic gender inequality acts as a foundational characteristic of most forms of violence perpetrated against women and girls in all their diversities. The term is a reflection of unequal power relations and that violence is often used to maintain and reinforce gender inequalities. Gender discrimination is not only a cause of many forms of violence against women, girls and people of diverse sexual orientation and gender identity, but also contributes to the widespread acceptance and invisibility of such violence— so that perpetrators are not held accountable, and survivors are discouraged from speaking out and accessing support.

There is debate within the GBV community on whether sexual violence against men and boys constitutes a form of GBV. This guidance note does not take a position on this, rather it acknowledges the practical needs of GBV coordinators working in crisis affected contexts for information and provides a summary of available evidence and optional considerations for addressing the needs of male survivors of sexual violence within the core functions of coordination.

The GBV AoR recognises and respects that its members have differing target demographics and varying approaches in their respective prevention and response work in line with individual agency mandates and technical specialisations.

Who is this guidance note for?

This guidance note is written for GBV Coordinators in humanitarian contexts under the mandate of the GBVAoR, it is not intended to be a comprehensive guide on care and services required for male survivors of sexual violence and focuses on the core functions of coordination.

How to use this guidance note:

This guidance note is intended to guide gender-based violence (GBV) coordinators in their work on addressing sexual violence against men and boys in humanitarian coordination.

The GBV AoR recognises the importance of ensuring that referral pathways, standard operating procedures and needs assessments include and address the needs of male survivors of sexual violence, and that all relevant humanitarian sectors are engaged in meeting these needs². To that end, this guidance note is designed to ensure that male survivors have safe access to support and services that they need, without comprising the safety or reducing access to services for women and girls.

This guidance note is split in to 3 parts;

Part 1: Background

This provides a brief summary of what acts might be considered sexual violence against men and boys as well as the needs and help-seeking behaviour of male survivors. This information is broad and there will be nuances to consider based on your context.

¹ [IASC Guidelines for Integrating Gender-Based Violence Interventions into Humanitarian Action \(2015\)](#)

² GBVAoR Strategy 2021-2025

- What is considered sexual violence against men and boys
- Understanding the needs of male survivors of sexual violence
- Intersectionality and male survivors of sexual violence
- Disclosures and help-seeking behaviour of male survivors

Part 2: Inclusion of Male Survivors in Core Functions of GBV Coordination

This section provides options and consideration for including men and boys in GBV Coordination.

- Safety considerations for supporting male survivors
- Partnerships with other sectors
- Needs assessments
- Service mapping and Referral pathways
- SoPs

Part 3: Considerations for Services for Male Survivors

This provides a basic summary on the service needs for male survivors, it will give you as coordinators an overview of some considerations for service design.

- Work-force considerations
- Accessible medical care including clinical management of rape and sexual assault
- Case management and psychosocial support
- Access to justice
- Communication and public information campaigns
- Fundraising and resourcing

Annexes:

- List of additional resources on male survivors of sexual violence
- Myths and facts about male survivors of sexual violence
- FAQ on male survivors of sexual violence
- Note on boys and domestic/ family violence services

In recognition that the work with male survivors of sexual violence in humanitarian contexts is an evolving field, this guidance note is intended as a living document to be updated periodically as required.

Mandate and Responsibility:

The GBV AoR is the IASC mandated body to lead coordination of humanitarian response to GBV, whilst there is ongoing debate about whether this includes response to sexual violence against men and boys, this guidance note acknowledges that in many contexts GBV coordinators are called upon by Humanitarian Country Teams (HCTs), Humanitarian Coordinators (HCs) and others to include male survivors and are already taking action to include the needs of male survivors of sexual violence in GBV coordination.

Health, Protection, MHPSS, Child Protection and other humanitarian actors also have a critical role to play in supporting and providing services for male survivors. This guidance provides options for addressing the needs of male survivors in GBV Coordination, whilst recognising that service delivery in most contexts will likely be predominantly provided by non GBV actors.

Part 1: Background Information

What Might Be Considered Sexual Violence Against Men And Boys.

The guidance here is specifically to ensure that the coordinated response to GBV in humanitarian contexts effectively takes into account the needs of male survivors of sexual violence, understands patterns of disclosures, which may be different based on age and other intersectional characteristics, and aims to provide referral systems that enable safe and effective referrals to the most appropriate support.

For the purposes of GBV Coordination, sexual violence against men and boys may include³⁴:

- Child sexual abuse against boys, including incest
- Online child sexual abuse, including the release and distribution of child abuse photos and videos online
- Rape or attempted rape, including with weapons or other objects
- Being forced to observe or listen to sexual violence, for example, the rape of wives, children or other relatives
- Coerced or forced participation in sexual activity, including sexual violence against others
- Forced sterilisation
- Genital violence, which may include shocks or beatings aimed at the testicles and penis and castration.
- Forced masturbation and other forms of sexual humiliation
- Sexual exploitation
- Trafficking for the purposes of sexual exploitation

Sexual violence against men and boys can occur in many settings, including detention centres, military sites, refugee and IDP camps, along migration routes, at borders, in schools and people's homes during and after conflict.⁵ This can include violence perpetrated by a stranger or by somebody known to the survivor.⁶ Sexual violence against men and boys is overwhelmingly perpetrated by men, however women can also sometimes be perpetrators of sexual violence.

Some men and boys' face risks linked to age, disability, sexual orientation, gender identity and other intersecting factors. Homophobia, biphobia, and transphobia increase the risk of violence, including sexual violence. Men and boys with disabilities also face an increased risk of violence, including sexual violence⁷.

³ Note: You may also consider in your response- particularly in partnership with child protection actors- boys who have experienced or witnessed family violence alongside their mother or female relative: Responses to intimate partner violence in many contexts will provide support aimed at the survivor and her dependent children, including boys. Children, including boys may also be a witness or survivor of family violence themselves. (Please see Annex 1. below on partnerships for further information).

⁴ This list is not a reflection of 'agreed' forms of sexual violence against men and boys by the GBVAoR and member organisations of the GBV AoR may define sexual violence against men and boys in different ways.

⁵ WRC, 2020 Sexual Violence against Men and Boys in Conflict and Displacement: Findings from a Qualitative Study in Bangladesh, Italy, and Kenya, Kiss, L., Quinlan-Davidson, M., Pasquero, L. et al. Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low-and middle-income countries. *Confl Health* **14**, 11 (2020). <https://doi.org/10.1186/s13031-020-0254-5>

⁶ IBID.

⁷ IASC (Inter-Agency Standing Committee), 2015a. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

Understanding the Needs of Male Survivors of Sexual Violence

Men and boys can and do experience sexual violence⁸. This can include violence perpetrated by a stranger or by somebody known to the survivor. Sexual violence against men and boys is most often perpetrated by other men and boys⁹.

Male survivors have specific needs regarding treatment and care that should be addressed by service providers who are appropriately trained and able to offer care that is survivor-centred, non-stigmatising and non-discriminatory.

Male survivors may experience feelings of overwhelming shame, humiliation, anger, fear and/or powerlessness, or confusion over sexual orientation. These feelings can lead to withdrawal; depression; sleep disorders; loss of concentration; outbursts of anger and aggression; compulsive sexual behaviour; anxiety disorders and phobias; alcohol or drug abuse; self-harm; and suicide attempts. Survivors who experience sexual violence in the context of other abuses, such as torture and arbitrary detention may also have other specialised mental health needs.

Physical consequences of sexual violence against men and boys may include but are not limited to damage to the rectum and to the genitalia, urinary and sexually transmitted infections including HIV/AIDS, and sexual dysfunction. There may be barriers for male survivors in accessing appropriate health services in some instances, because they are placed within maternity wards or SRHR services designed for women and girls¹⁰. Whilst it is often necessary and appropriate to have these services embedded in these health services to enable access for women and girls, it may be necessary to consider additional entry points for male survivors in health services that will meet their service needs without stigmatisation.

Male survivors may be socially stigmatized or ostracized by their community if their history becomes known. They may be excluded from places of worship, recreation, and employment. Fear that they will not be believed prevents some survivors from seeking assistance, and in contexts where same-sex relations are criminalised, male survivors of sexual violence are at risk of being interrogated about their sexual orientation and prosecuted for having engaged in same-sex activity.

Diversity of Male Survivors¹¹

Men and boys who are at particular risk of sexual violence by other men include men and boys with disabilities, young boys, adolescent boys, older men, men and boys with diverse sexual orientations and gender identities, expression and sex characteristics (SOGIESC), and men and boys from ethnic and religious minorities¹². Other forms of discrimination that lead to increased risk of sexual violence and sexual exploitation for men and boys include discrimination based on socioeconomic status, birth country and legal status, including asylum status.

Individuals of diverse SOGIESC identifying as a man or boy can be more vulnerable to sexual violence and also face revictimization and secondary violence as a result of discrimination from their community, family and from service providers. Even in contexts where same-sex relations are not criminalised, social norms and discrimination put survivors at risk of being ostracised from their

⁸ Women's Refugee Commission's research on male survivors:

"Sexual violence against men and boys in conflict and displacement: Findings from a qualitative study in Bangladesh, Italy, and Kenya. Synthesis report. (2020)

"We have a broken heart": Sexual violence against refugees in Nairobi and Mombasa, Kenya. (2019)

More than one million pains": Sexual violence against men and boys along the Central Mediterranean Route into Italy. (2019)

"It's happening to our men as well": Sexual violence against Rohingya men and boys. (2018)

⁹ *IBID*,

¹⁰ Chynoweth, S.K, Et Al. (2020) Conflict and Health: A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study

¹¹ Intersectionality: "Intersectionality" situates women's and girls' experiences within an understanding of the ways in which multiple forms of power and oppression influence exposure to GBV and access to services in relation to violence.

¹² Interagency Minimum Standards on addressing Gender-based violence in Emergencies Programming

family and community, and at risk of further violence because of their sexuality or gender identity. Survivors may face the loss of their employment, their housing and other support services.

Age is also a factor in vulnerability to sexual violence for boy survivors, and whilst we do not have good data on prevalence there is some evidence to suggest that risks of sexual violence for males in most contexts are greatest when they are in childhood. Some evidence suggests that different patterns of victimisation appear between younger and older males, with male children and adolescents more often experiencing sexual violence perpetrated by someone known to them and in a position of power such as a caregiver or teacher, whilst adult males were more likely to experience sexual violence perpetrated by authority figures¹³. Younger boys may also be vulnerable to abuse perpetrated by older boys, in alternative care settings, in schools or in the context of forced recruitment. Recent studies have also highlighted the degree to which boys are also vulnerable to child sexual abuse and sexual exploitation committed by someone known to them, often within the family or a care-giver, at higher rates than previously estimated¹⁴. In addition boys in contrast to adult men may have less understanding of what constitutes sexual violence and may have less knowledge of the services available and how to access them¹⁵.

In all settings, consideration should be made to the diversity of vulnerabilities, needs, protective factors, support and experiences of male survivors. Different characteristics of male survivors, in particular age and diverse SOGIESC, may impact the way in which they seek and are provided support.

Disclosures and Help-Seeking Behaviour of Male Survivors

There are numerous barriers to male disclosure of sexual violence, some of which are similar to or overlap with known barriers for disclosure and help-seeking of female survivors of GBV and others which are driven by socio-cultural expectations of masculinity and misbeliefs that sexual violence is not perpetrated against men and boys¹⁶. Entrenched social, cultural and religious norms, including taboos around sexual orientation and masculinity, may stigmatize male survivors, evoke feelings of shame, and prevent men and adolescent boys from reporting incidents or seeking services.

These include personal barriers where a survivor does not disclose due to intentional avoidance based on shame or concerns related to sexual identity or orientation; interpersonal barriers, where a survivor fears negative repercussions to (or from) personal relationships; and sociocultural/socio-political barriers, where a male does not disclose because sexual victimization is not understood as applicable to men and/or boys, because it goes against the expectations of masculinity, because there is a lack of services for males or because of the criminalization of same-sex sexual acts.¹⁷

Male survivors rarely report sexual violence incidents immediately, and frequently do so only when the physical effects of attacks require urgent intervention. Most men and boys only seek assistance several years after the event.

When men and boys do disclose their experience of sexual violence, they often disclose in different ways to women and girls. Alternative entry points for men and boys include general psychosocial support services, protection services, health facilities, community centres, disability support centres, LGBTI centres, and, for young and adolescent boys, child and youth centres and programs. An expanded list is outlined below.

¹³ Broban, A., Van Den Bergh, R. & Russel, W. et al (2020) Assault and care characteristics of victims of sexual violence in eleven Médecins Sans Frontières programs I Africa. What about men and boys?

¹⁴ UNICEF (2017) [A Familiar Face: Violence in the Lives of Children and Adolescents](#). UNICEF (2020) [Action To End Child Sexual Abuse And Exploitation: A Review Of The Evidence](#)

¹⁵ Chynoweth, S.K, Et Al. (2020) Conflict and Health: A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study

¹⁶ (Donne, DeLuca, Pleskach, Bromson, , et al. 2018; Kia- Keating, Grossman, Sorsoli, & Epstein, 2005; Lisak, 1994; Sigurdardottir, Halldorsdottir, & Bender, 2012).

¹⁷ Chynoweth, S.K, Et Al. (2020) Conflict and Health: A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study

It is important to understand in your context how and when men and boys disclose their experiences of sexual violence, how they seek help and what their preferences are for service delivery. This is necessary to ensure there is an effective referral pathway for male survivors- and that actors working at service points who receive disclosures are able to make safe and effective referrals. It also important to ensure information about accessible entry points for male survivors is provided to the community, by the most relevant sector or organisation in your context.

The below table highlights some potential points of disclosure, this will likely vary substantially from context to context.

Potential Points of disclosure for male survivors¹⁸	
Boys	Adult males
Family members including siblings	Health centres or hospitals
Friends	Services for torture survivors
Health centres or hospitals	Help-lines
Teachers	MHPSS services (Non GBV Specific)
Care-givers	Community awareness raising sessions on GBV
Reintegration services for children associated with armed forces and groups	Demobilization Disarmament Reintegration programs for former combatants
Child friendly spaces	Detention monitoring/ upon release from detention
Child help-lines	Community centres
Child protection case workers	LGBTIQ+/Diverse SOGIESC support services (*survivors of diverse SOGIESC)
Community centres and recreational services	Legal aid clinics
Youth centres/ youth programs	

¹⁸ Summary of disclosure points listed in various sources: (UNHCR, 2017, UNHCR 2020, MSF 2020)

Part 2: Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination

Male survivors need to be believed; to feel physically safe; to feel that their service providers empathize with them; to feel free from judgment or blame; to be certain that they can speak confidentially; to be given time and encouragement; and to be accepted as a whole person, rather than being reduced to the status of 'victim' or 'survivor'.¹⁹

As outlined throughout, male survivors of sexual violence require multi-sectoral responses and may experience sexual violence alongside other forms of violence and deprivation. Close partnerships with the Protection Cluster, the Child Protection AoR, the MHPSS working group and the Health Cluster are crucial to an effective response for male survivors of sexual violence.

The following section outlines considerations and options within GBV coordination for promoting access to services for male survivors. These are not minimum actions and are completely optional for GBV coordinators to include in their work.

Risk Factors and Safety Considerations for Supporting Male Survivors

Criminalisation of same-sex relations and lack of legal protection for male survivors:

Where same-sex relations are criminalised, male survivors of sexual violence are at risk of being interrogated about their sexual orientation and prosecuted for having engaged in same-sex activity. In some contexts, this may present a serious risk of secondary violence toward male survivors. Further, legal definitions of rape are often specific to women and children, making it impossible for adult men to lay a charge of rape. Like female survivors, male survivors may not report incidents because they lack confidence in the judicial system.

As of 2014, national laws worldwide deny 90 per cent of men in conflict-affected countries legal recourse if they become a victim of sexual violence; 70 countries criminalise men who report sexual victimisation due to homophobic policies.²⁰

Discrimination and violence against persons of diverse sexual orientation gender identity, expression and sex characteristics (SOGIESC)

For diverse SOGIESC men and boy survivors of sexual violence seeking support services, particularly tailored support services may also pose a risk of secondary violence and persecution.

Even in contexts where same-sex relations are not criminalised, social norms and discrimination put survivors at risk of being ostracised from their family and community, and at risk of further violence because of their sexuality or gender identity. Survivors may face the loss of their employment, their housing and other support services.

Discriminatory attitudes and homo-phobia from service providers also represents a safety concern for these survivors. When service providers use inappropriate or derogatory terms, or misgender a

¹⁹ SVRI Online Forum: See, for instance, the lists of top priorities drawn up by male survivors in Cambodia, Hong Kong and the United Kingdom presented by Alastair Hilton to the SVRI Online Forum.

²⁰ UNHCR, 2017. "We Keep It in Our Heart" - *Sexual Violence Against Men and Boys in the Syria Crisis*, October 2017, available at: <https://www.refworld.org/docid/5a128e814.html> [accessed 30 December 2020]

survivor this can be deeply harmful²¹. Reflecting the survivor’s language and using preferred pronouns will help service providers build trust with survivors.

The need to preserve female-only spaces and services

In every context, there is a need for the preservation of female-only spaces and services to support women and girl survivors of GBV. Many services developed for women and girls will not be appropriate for male survivors. Further, providing support for male survivors through some GBV services will make them less safe and accessible for women and girls and could act as a deterrent for both female and male survivors in accessing care.

Case management and psycho-social support services for male survivors should never be provided at women and girls’ safe spaces. Providing case management with adult men and older adolescent boys in women and girls’ safe spaces is not safe for the women nor is it safe and appropriate for the male survivors. Providing case management for male survivors of sexual violence in spaces designed for women and girls can also be a strong deterrent for male survivors of sexual violence to access services, many of whom do not want to seek care from GBV providers and do not want to access services in female-designated spaces. Gender relevant service delivery points are important and ensure greater access, utilization rates, safety and confidentiality for all survivors.

The only exception to this is that in some contexts, it may be appropriate for very young boy survivors of sexual violence, in particular those whose mothers may also be accessing case management services as survivors themselves or are significantly involved in the case management for their sons (as is often the case for infants or pre-school aged boys), to receive case management within women and girls’ safe spaces. Consultation with the women from the community is crucial and should inform this.

Male safe spaces as an intervention for male survivors of sexual violence are not recommended.

Perpetrators of sexual violence against men and boys are overwhelmingly male and replicating a gender segregated safe space model for men is not recommended. A male only space will not provide the same safe environment to promote the prevention of violence or allow survivors to safely disclose and receive referrals to other services. A male safe space that is exclusive for male survivors of sexual violence would likely place their confidentiality and safety at risk, and male survivors in many cases prefer to disclose and receive services at non GBV specific service points. In many countries Women and Girl Safe Spaces are the only space where women can congregate in public, but this is not the same for men. In addition, there are more effective, evidence-based options for supporting male survivors’ disclosure and access to services²². Male only group psycho-social support, including sessions led by a trained psychologist or mental health professional with experience supporting male survivors, or peer support models may be considered as a response to male survivors of sexual violence depending on the context, these are distinct and should not be conflated with the model of “male safe spaces”. Men have several entry points as listed in the table above including community and youth centres, health and medical facilities and outreach teams.

²¹ Misgendering occurs when a person is addressed or described using language (name, pronouns or title) that does not match their gender identity.

²² Women’s Refugee Commissions (2021) Addressing Sexual Violence Against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-friendly Guidance Note by Sector.

Collaboration and Partnerships:

As part of a survivor-centred approach we must ensure that we allow all survivors, including men and boys the agency to frame their own experiences and to control how and where they disclose and seek services and support. This approach necessitates thinking through partnerships with other actors who may either receive disclosures or be providing support for men and boys who have experienced sexual violence. In fact, recent research²³ has shown that for many male survivors, they prefer to seek services outside of GBV specific service points and are more likely to present for services at health, MHPSS or other service points (As listed in part 1).

Whilst male survivors may choose to disclose their experiences and present for services delivered by other humanitarian actors, we should not assume that other actors and support services will have the capacity and expertise to respond to the specific needs arising from their experience of sexual violence. For example- survivors who have also experienced forced recruitment, or arbitrary detention- may need specialised services, such as clinical management of rape, alongside protection services. Equally, for those that do seek help from GBV specific services, they may also have additional support needs, such as specialised mental health services for survivors of torture that are provided by non-GBV actors.

In addition, there are likely to be diverse and distinct needs from different male survivors, it is important to understand the different needs of pre-pubescent, adolescent and adult male survivors and the different needs of diverse SOGIESC survivors identifying as men and boys and to identify the different partners that serve these groups. For boys a close partnership and coordination with CPAoR is needed.

It is important that referrals to and from other humanitarian actors for male survivors are included in GBV referral pathways and detailed in standard operating procedures and information on this is shared with all relevant actors. Beyond this however, as GBV coordinators you may choose to partner with other humanitarian actors who are relevant service providers for male survivors in your context, on training, advocacy or other actions to strengthen the response for male survivors. In some instances, you may already be working with these sectors on their response to female survivors of GBV.

Needs Assessments and Analysis:

In needs assessments and analysis- consider the risk factors and manifestation of sexual violence against men and boys including specific vulnerabilities of some survivors who are men and boys, such as but not limited to boys living on the street and those with diverse SOGIESC. Where there are specific risk factors for sexual violence occurring against men and boys, including these in needs assessments, analysis and other information gathering will allow you to understand the types of sexual violence perpetrated against men and boys in your contexts.

Below are some options for including male survivors in needs assessments and analysis:

- Review available literature in your context, there may be information in existing reports and national data sources- such as Demographic Health Survey data or Child Protection Information Management Systems data on sexual abuse experienced by boys.
- Conduct consultations with relevant actors that serve male survivors of sexual violence in your context to better understand patterns of disclosure and help-seeking, key gaps in services

²³ Women's Refugee Commission (2021) Addressing Sexual Violence Against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-friendly Guidance Note by Sector.

and if and how male survivors are included in alternate referral pathways- such as those for child protection and protection actors focused on displaced persons.

- Conduct community focus group discussions and key informant interviews, perhaps in collaboration with the protection cluster, health sector, MHPSS actors, or the child protection AoR might provide additional information on disclosures and help-seeking preferences for male survivors.
- The GBVIMS may also be used in addition to other information to understand patterns of sexual violence against men and boys. Where relevant, you may work with the GBVIMS taskforce or working group in your context to encouraging enrolment of new data gathering organisations into the national GBVIMS, including any agencies providing case management services to male survivors of sexual violence. It should be recognised that there are many barriers for male survivors in seeking services, and many who do seek support do so outside of the GBVIMS data gathering agencies, therefore it should be highlighted that low reporting does not reflect prevalence.
- Information on Male survivors of sexual violence may be captured and factored into key targets, such as figures for ‘People in Need’ as a key step to ensuring that there is appropriate funding and resourcing. This should be proportionate and reflect the extent to which male survivors are served by multi-sectoral GBV response (Health services and others).
- Address disbelief or dismissal of the vulnerabilities of men and boys to sexual victimization by sharing relevant data and reports and underscoring that low reporting among men/boy survivors does not necessarily reflect prevalence. Just as with female survivors of GBV, assessing prevalence of sexual violence against men and boys in humanitarian contexts is not appropriate.

Service Mapping and Referral pathways:

GBV referral pathways should support adult men and boy survivors to access appropriate support and care for their needs. Protocols should be in place for referring the case to a service provider with appropriate service entry points for men and/or boys. As highlighted above some services may be friendly, accessible and appropriate for some but not all male survivors.

Dedicated or specialised services for male survivors of sexual violence may not be available, however there may be services that are appropriate and accessible for male survivors such as clinical management of rape and sexual assault services available in health centres and hospitals. In addition, there may be other non-GBV specialised actors that are providing services to male sexual violence survivors- such as MHPSS services, services geared to torture survivors, or services for reintegration after forced recruitment that could be appropriate for referrals.

Suggested actions for ensuring referral pathways support safe and effective referrals for male survivors:

Adult males	Boys
Strengthen cross-sectoral coordination and identify in consultation with other clusters which sector and actor (including non-GBV actors) are best placed to provide services for adult male survivors in settings where services are absent.	In partnership with the CP AoR identify services that will be accessible and appropriate for adolescent boys, boys of primary school age and pre-primary and infant boys.
When creating or updating referral pathways map multi-sectoral services that are available, inclusive and accessible for adult male survivors of sexual violence. Including whether other non -GBV referral	In partnership with the CP AoR decide how boy survivors of sexual violence will be reflected in CP and GBV referral pathways and document how the different referral pathways would work together

pathways include adult male survivors.	
Working in partnership with relevant clusters/actors to ensure key services where men disclose their experiences of sexual violence know how to make safe and effective referrals. As highlighted above these may be protection services, health services, or other services.	In partnership with the CPAoR ensure Child protection actors know how to make safe and effective referrals of boy survivors of sexual violence.
Ensure all GBV organisations know how to use referral pathways and make safe and effective referrals for adult male survivors	Ensure all GBV organisations know how to use referral pathways and make safe and effective referrals for boy survivors
Highlight any gaps in coverage of services, and where needed advocate to organisations to fill these gaps	

Standard Operating Procedures

When developing or updating GBV standard operating procedures, specific information on support for adult men and boy survivors should be included, as well as information for diverse SOGIESC survivors.

Considerations for developing standard operating procedures that include specific detail and considerations on supporting male survivors:

- In many contexts, the response to male survivors of sexual violence may be delivered entirely by non GBV actors- such as health, MHPSS and protection- there is still the need to include information on this in GBV SoPs and to ensure GBV service providers understand where they can refer male survivors for safe, appropriate and quality support.
- Review existing protocols and procedures that include specific information on male survivors, such as CMR protocols and reflect this within SoPs, either within the main text or as an annex.
- SoPs should include clear information that no survivor be turned away from services without either support or a referral to accessible and appropriate services. Any limitation on service availability for male survivors should be acknowledged.
- Include information on any partnerships with other humanitarian actors for support to male survivors of sexual violence and referral options, such as the division of responsibilities or arrangements with CP for boy survivors of sexual violence.

Part 3: Information for Coordinators in Supporting GBV Service Delivery

In addition to ensuring there are avenues for disclosure and protocols in place for safe and effective referrals of male survivors, as GBV Coordinators there are a number of considerations for male survivors when supporting GBV service delivery; in setting standards for quality services, and in assessing GBV service availability and mapping service coverage.

The GBVAoR respects that different agencies will have different target audiences for their interventions and different specialised skills and knowledge in supporting target populations.

For GBV Coordinators there will be some areas of service delivery that you can have direct influence over, and for others, depending on the context, coordinators may focus on providing information on the needs of male survivors to service providers in coordination meetings, sharing information on help-seeking behaviours, requesting and encouraging organisations to fill service gaps, ensuring that service providers are knowledgeable on both referral options and SoPs and advocating to donors for additional funding.

Work-force Considerations

Male survivors of sexual violence will have varied and individual preferences in regard to the gender of the person they disclose to and receive support from, and ideally, they will benefit from different service options.

- Service providers should understand that men and boys can experience sexual violence and should be able to receive any disclosures without judgement.
- Discriminatory attitudes and misconceptions about male survivors from service providers act as a significant barrier to accessing support. Addressing homophobia, ensuring appropriate terms and preferred pronouns are used and ensuring staff reflect the language used by the survivor can help build trust. If service providers use derogatory terms, or make assumptions about a survivor's identity or sexuality, misgender them or suggest that males cannot experience sexual violence can result in significant harm.
- Men/boy survivors may not identify as a survivor. It is important for those working with them that there is a respect for their language and the way that they understand their experiences.
- It may be beneficial to provide choice of male/female service providers for adult male and adolescent boy survivors of sexual violence. Where male case managers are not available, service providers can consider training male within their workforce in GBV case management and psychosocial support principles, or they may partner with other sectors to train health providers, other relevant service providers, or community focal points.
- Having both female and male health professionals trained in CMR will provide choice for survivors

Accessible Medical Care including Clinical Management of Rape and Sexual Assault²⁴:

Ensuring that clinical management of rape (CMR) and sexual assault services are accessible and meet the needs of male survivors-both men and boys- is a crucial aspect of providing support for male survivors of sexual violence. A recent study examining patterns of male disclosures within health centres in eleven contexts showed that male survivors presented more frequently to clinics providing integrated care for victims of violence, as compared to other types of clinics where services were targeted at GBV survivors and disclosure of sexual violence upon admission was necessary.²⁵

²⁴ Note on terminology: This note uses the term 'Clinical Management of Rape and Sexual Assault' to reflect the diverse experiences of sexual violence for male survivors.

²⁵ Broban A, Van den Bergh R, Russell W, Benedetti G, Caluwaerts S, Owiti P, et al. (2020) Assault and care characteristics of victims of sexual violence in eleven Médecins Sans Frontières programs in Africa. What about men and boys? PLoS ONE 15(8): e0237060. <https://doi.org/10.1371/journal.pone.0237060>

- Ensure clinical management of rape and sexual assault training includes specific information for supporting male survivors and is delivered to medical professionals working in general and emergency medicine, alongside those working in female specific health services such as obstetrics and gynaecology. This information is part of existing training materials and should be part of regular CMR training.
- Address discriminatory attitudes of service providers towards male survivors. Service providers may have incorrect and damaging attitudes that men and boys cannot experience sexual violence or do not need clinical management of rape and sexual assault services due to their inability to become pregnant.
- Ensure that clinical management of rape and sexual assault services are available through health centres and hospitals, and not limited only to women's health clinics, maternity wards and women's sexual and reproductive health targeted services.
- Staff in health centres should know how to make safe and effective referrals for male survivors, including understanding their specific needs and what services are available to refer them to.
- Ensure service providers and trainers know about and can access specific information on supporting male survivors within relevant resources including the, "[Clinical management of rape and intimate partner violence survivors](#)", "[Responding to children and adolescents who have been sexually abused: WHO clinical guidelines](#)" and the IRC and UNICEF guidelines on "[Caring for Child Survivors of Sexual Abuse](#)".

Case Management and Psycho-Social Support Services:

Skills and Attitudes of Case-workers:

Regardless of the gender of the case manager, any case manager working with male survivors needs to be sensitised to and able to respond to the specific needs of male survivors. Gender-specific patterns, in the experience and expression of emotions, also play a role in determining the appropriateness of a given service point for male or female survivors. Although some mental health and psychosocial consequences of sexual violence against men and boys may be similar among male and female survivors, the way each process trauma, display symptoms, seek help, adhere to treatment and improve their mental health differ by gender. Initiatives targeting male survivors need to be designed to actively address specific gender differences in access, adherence and response to MHPSS interventions.

Models of care that are gender-sensitive and integrated to local resources are promising avenues to promote the health of male survivors of sexual violence.²⁶

- In particular service providers should be aware of the specific risks for male survivors in accessing certain services, such as if same-sex relations are criminalised including in the context of sexual violence, as well as the referral pathways and support services accessible to male survivors.
- Service providers should be familiar with SoPs and any arrangements for male survivors with complex protection needs- such as survivors of torture.
- Since stigmas surrounding mental health and psychosocial difficulties often present barriers to seeking care, GBV programme actors including case managers can work with local staff and leaders to identify terms that may exacerbate stigma or carry negative connotations in local cultures and confirm acceptable and relevant terms

Location of Services:

- Consult with key informants from the target community to identify a location that adult male sexual violence survivors can safely and routinely access without arousing suspicion or drawing attention to themselves. This could be a primary health care centre or community centre.

²⁶ Kiss, L., Quinlan-Davidson, M., Pasquero, L. et al. Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low-and middle-income countries. *Confl Health* 14, 11 (2020). <https://doi.org/10.1186/s13031-020-0254-5>

- For survivors of diverse SOGIESC who identify as men and boys there may be different needs and preferences in regard to location of services. Consulting with key diverse SOGIESC community groups and advocates on preferred services and entry points that support safety and confidentiality for these survivors will be crucial to ensuring appropriateness and accessibility.

Help-lines/ Hotlines:

The relatively recent proliferation in the use of help-lines/ hotlines and telephone counselling services for GBV survivors in humanitarian contexts may provide greater accessibility to male survivors of sexual violence and promote help-seeking, given there is no requirement to physically present at services. Anecdotal evidence from some contexts suggest that male survivors are in some instances accessing either GBV or child-protection help-lines to disclose experiences of sexual violence and seek support.

- Include in any training of help-line/hot-line operators' information about male survivors, how to communicate with male survivors and their specific needs and ensure they are familiar with the referral pathway and SoPs and understand how to refer adult male, adolescent male and younger boy survivors respectively to services.
- A clear distinction should be highlighted in SoPs and accompanying training on the response to male perpetrators of family violence who may call help-lines for support to stop their offending and for male survivors of sexual violence who call the help-line to access services and support.
- Phone-based counselling services for male survivors may be effective in addressing confidentiality concerns for male survivors.

Group and Peer Support Models

Group and peer support models are common interventions for male survivors in some non-humanitarian contexts and there is some initial findings that they can be appropriate and effective models for supporting male survivors in crisis affected contexts²⁷. However, group counselling or psycho-social support requires careful management particularly in regard to confidentiality and safety and should only be conducted by trained expert staff.

Access to Justice:

There are of course substantial challenges to access to justice for women and girl survivors of GBV in humanitarian contexts- including insufficient and discriminatory legislation, an unreachable burden of evidence, traditional justice practices that punish women and girl survivors and the male dominance and patriarchal structures of police, the legislature and the judiciary in almost all contexts.

The challenges for supporting access to justice for male survivors of sexual violence are also immense and many of the same barriers that face women and girls also impede male survivors in accessing justice. As highlighted above, many jurisdictions also have legal definitions of rape that exclude male survivors, and in many of the current contexts affected by conflict same-sex relations are criminalised regardless of coercion. In addition, there can be prejudices and misconceptions amongst police forces and other actors that further disincentivise and impede male survivors from seeking support from police and other justice actors.

The fact that sexual violence against adult men often occurs in the context of forced recruitment, or within the armed forces (among other settings), can mean additional barriers to accessing justice,

²⁷ Edström, J.; Dolan, C. and Shahrokh, T. with David, O. (2016) Therapeutic Activism: Men of Hope Refugee Association Uganda Breaking the Silence over Male Rape in Conflict-related Sexual Violence, IDS Evidence Report 182, Brighton: IDS; Judit Konya, Concetta Perôt, Katherine Pitt, Emma Johnson, Alison Gregory, Emily Brown, Gene Feder & John Campbell (2020) Peer-led groups for survivors of sexual abuse and assault: a systematic review, *Journal of Mental Health*, DOI: 10.1080/09638237.2020.1770206; Schulz, Philipp (2019): "'To Me, Justice Means to Be in a Group': Survivors' Groups as a Pathway to Justice in Northern Uganda', *Journal of Human Rights Practice* 11:1, 171-189.

especially where states give military justice systems the jurisdiction over civilian offences committed by members of the armed forces. The challenges of displacement and the lack of legal status for male survivors of sexual violence who are refugees, IDPs or migrants also provide further barriers to accessing justice and should be considered when explaining risks and making referrals for male survivors. Boys, like girls also face justice systems that are not child-friendly and often do not have the necessary capacity to facilitate their access.

In contexts where the definition of rape is gender neutral or includes male survivors, or where male survivors may access justice under legislation for sexual violence, assault or other crimes and where same-sex relations are not criminalised- training on GBV for judiciary, police, and prison officials should include information on male survivors of sexual violence. In all instances, a survivor centred approach must be taken that allows male survivors to make their own informed decisions about access to justice.

Communication and Public Information Campaigns:

Including male survivors in communication and public information campaigns may support greater help-seeking behaviour from male survivors. Careful consideration must be taken in regard to ensuring that the preservation of female only safe spaces is factored into the messaging and clear to all survivors.

- Work with communities and male survivors to identify and develop sensitive and culturally appropriate engagement strategies on sexual violence against men and boys, including awareness-raising and ways to combat stigmatisation.
- Ensure communications materials highlight accessible and appropriate services for men and boys- such as health services.
- Include information on male survivors, including safe disclosures and help-seeking behaviour and barriers to service access within training of community outreach workers.
- Ensure that public facing/ community versions of referral pathways are distributed in various locations that would reach male survivors of sexual violence
- Ensure communication materials include representations of male survivors and that they are available and visible in male specific spaces, like men's toilets.

Public information campaigns have the opportunity to encourage disclosure and help-seeking for male survivors, and to highlight accessible points for service delivery. As recommended for all GBV services, awareness raising, and communication campaigns should only be conducted once services are in place and referrals pathways and SoPs include information on responding to male survivors of sexual violence.

Fundraising and Resourcing

Before dedicated GBV resources are allocated to specific tailored services that support male survivors of sexual violence, there needs to be adequate coverage of core GBV services that meet the Inter-agency Minimum Standards.²⁸ The GBV AoR encourages donors to sustain and increase resources for programming that seeks to address gender inequality and violence against women and girls, without creating a dynamic of competition between programmes that put women and girls at the center and other types of programs focusing on men and boys as victim of violence, perpetrators or allies.

In funding proposals that include funding for clinical management of rape and sexual assault it is appropriate to include male beneficiaries in any beneficiary targets. For other interventions it may be necessary to explicitly outline in funding proposals why men and boy survivors do not and often should not access GBV services in the same way as women and girls, and the additional cost and resource requirements to support male survivors.

²⁸ COFEM (2017) "Funding: Whose priorities?", Feminist Perspectives on Addressing Violence Against Women and Girls Series, Paper No. 4, Coalition of Feminists for Social Change.

It may be appropriate to advocate to donors for additional funds to ensure coordination mechanisms and relevant services can appropriately include or support male survivors.

Annex 1: Myths and Misconceptions on Support for Male Survivors:²⁹

This section draws substantially from the *GBVAoR (2019) Handbook for Coordinating GBV interventions in Humanitarian Settings* with additional information drawn from; *Touquet H, Chynoweth S, Martin, S, Reis C., et al. (2021) From 'It rarely happens' to 'It's worse for men': Dispelling misconceptions about sexual violence against men and boys in conflict and displacement. Journal of Humanitarian Affairs, 2(3).*

Many of the myths and responses below are drawn verbatim from the source materials and it is recommended that coordinators see these source materials for further information.

Myth: Services and treatment are available for sexual violence survivors who identify as women and girls, but not for men and boys

Services and treatment are typically limited for all survivors. Whilst many GBV actors do focus on responding to violence against women and girls, male survivors are rarely turned away even though services are typically limited. Ensuring other service providers such as health, protection, child protection and MHPSS actors can provide quality support to male survivors is key to ensuring they receive appropriate care

Myth: We have women and girls' safe spaces; we need male safe spaces for male survivors.

The main perpetrator of sexual violence against men and boys are adult men. A male only space will not provide the same safe environment to promote the prevention of violence or allow survivors to safely disclose and receive referrals to other services. A male safe space that is exclusive for survivors of sexual violence would likely place their confidentiality and safety at risk, and male survivors in many cases prefer to disclose and receive services at non GBV specific service points.

Furthermore, WGSS exist to correct a pervasive gender imbalance in the public sphere, which is categorized by public spaces that are dominated by cis hetero men/boys. Women and girls rarely have dedicated spaces where they can meet, organize, build mutual support, all actions correlated with increased disclosure. Men and boys already occupy and dominate most public spaces, and therefore programmatically it is more strategic to work through existing social structures that they already occupy.

Myth: All GBV services should be integrated and available for people of all genders

Gender specific programming and response is crucial to ensuring safety, access and appropriateness of services for both female survivors of GBV and male survivors of sexual violence. Many services developed for women and girls will not be appropriate for male survivors of sexual violence. Further, providing support for male survivors through some services will make them less safe and accessible for women and girls. In addition, some services developed for women and girls are not helpful or appropriate for male survivors. Male survivors in many contexts choose not to disclose or seek-help at GBV service points, in some instances because they do not wish to identify themselves as survivors of sexual violence.

²⁹ Drawn from: GBVAoR (2019) Handbook for Coordinating GBV interventions in Humanitarian Settings and Touquet H, Chynoweth S, Martin, S, Reis C., et al. (2021) From 'It rarely happens' to 'It's worse for men': Dispelling misconceptions about sexual violence against men and boys in conflict and displacement. *Journal of Humanitarian Affairs, 2(3).*

The following are taken Verbatim from: *Touquet H, Chynoweth S, Martin, S, Reis C., et al. (2021) From 'It rarely happens' to 'It's worse for men': Dispelling misconceptions about sexual violence against men and boys in conflict and displacement. Journal of Humanitarian Affairs, 2(3).*

“Myth: *Conflict-related sexual violence against men and boys is almost always perpetrated in detention and imprisonment.*

A common misconception is that conflict-related sexual violence against men and boys is almost always perpetrated in detention and imprisonment, often as a form of torture. Yet where and when sexual violence against men and boys is perpetrated is dependent on the setting, the type of conflict, the parties to conflict, and the historical and cultural contexts³⁰. While reliable numbers regarding perpetration are difficult to obtain, evidence suggests that sexual violence is also perpetrated under many other circumstances.” (P. 26)

“Myth: *Men/boy survivors are more profoundly impacted by sexual victimisation than women and girls.*

While there is some evidence suggesting that men/boy survivors are less likely than women/girl survivors to access services, sexual violence survivors regardless of their gender frequently face significant stigma, impacts and access barriers³¹. Service uptake is, in general, poor for everyone and suggesting that men/boy survivors ‘have it worse’ is inaccurate and harmful.”(P. 29)

“Myth: *Men/boy survivors never disclose their experiences of sexual violence.*

There is a common assumption that ‘men will never speak about their experiences of sexual violence’ or that they will ‘only want to talk to other men’. However, men, like women, do disclose victimisation in safe, non-judgemental and confidential spaces. Men/boy survivors disclose to people whom they trust--women and men--and in situations where they feel that disclosure will result in being understood and/or accessing assistance³². “ (P. 29)

³⁰ Chynoweth, S., D. Buscher, S. Martin and A.B. Zwi (2020), ‘Characteristics and impacts of sexual violence against men and boys in conflict and displacement: a multi-country exploratory study’. *Journal of Interpersonal Violence*

³¹ Ligierio et al., 2019; Young et al., 2016) cited in Touquet H, Chynoweth S, Martin, S, Reis C., et al. (2021) From ‘It rarely happens’ to ‘It’s worse for men’: Dispelling misconceptions about sexual violence against men and boys in conflict and displacement. *Journal of Humanitarian Affairs, 2(3).*

³² Touquet H, Chynoweth S, Martin, S, Reis C., et al. (2021) From ‘It rarely happens’ to ‘It’s worse for men’: Dispelling misconceptions about sexual violence against men and boys in conflict and displacement. *Journal of Humanitarian Affairs, 2(3).* Touquet, H. 2018 Sexual violence against men: enabling disclosure in the face of denial, LSE Genderings Blog, <https://blogs.lse.ac.uk/gender/2018/11/21/sexual-violence-against-men-enablingdisclosure-in-the-face-of-denial/>.

Annex 2. Frequently Asked Questions and Suggested Answers

This section identifies common questions posed to GBV coordinators by a variety of actors including donors, humanitarian leadership/ management, other clusters and sectors and provides some talking points on how to respond.

Question: Why can't you just make existing GBV services more accessible for men and boys?

Answer: Gender specific programming and response is crucial to ensuring safety, access and appropriateness of services for both female and male survivors. Many services developed for women and girls will not be appropriate for male survivors of sexual violence. Further, providing support for male survivors through some services will make them less safe and accessible for women and girls. In addition, some services developed for women and girls are not helpful or appropriate for male survivors. Male survivors in many contexts choose not to disclose or seek-help at GBV service points, in some instances because they do not wish to identify themselves as survivors of sexual violence.

Question: Why wouldn't a male safe space support more disclosures and be a good place to provide services to male survivors?

Answer: Perpetrators of sexual violence against men and boys are overwhelmingly male and a male only space will not provide the same safe environment to promote the prevention of violence or allow survivors to safely disclose and receive referrals to other services. A male safe space that is exclusive for male survivors of sexual violence would likely place their confidentiality and safety at risk, and male survivors in many cases prefer to disclose and receive services at non GBV specific service points.

Question: If you're the GBV sub-cluster, shouldn't you be providing all the services that male survivors of sexual violence need?

Answer: Available evidence shows that male survivors of sexual violence often do not want to receive support from GBV specific services and frequently seek support from other actors such as health services, general MHPSS or in the case of boy survivors, child protection actors.

Question: Violence against men such as forced recruitment, gang violence, inter-communal conflict and others are based on them being men and boys, shouldn't this violence be addressed by GBV actors?

Answer: The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls³³.

Forms of violence perpetrated against men because they are men are not based on this systemic inequality. In addition to this, there are other humanitarian actors who have the right skills, experience, program models and funding to work with these populations.

We also recognise that many individuals experience multiple forms of violence and deprivation and that they may seek services from different actors based on their needs.

³³ IASC Guidelines for Integrating GBV into Humanitarian Action, 2015

Question: If you're not providing the same services for men and boys as you are for women and girls, then aren't you discriminating against men and boys?

Answer: We know from recent research that men and boys who have experienced sexual violence have specific service needs and preferences on how they want to receive support.

Male survivors of sexual violence need to be believed; to feel physically safe; to feel that their service providers empathize with them; to feel free from judgment or blame; to be certain that they can speak confidentially; to be given time and encouragement; and to be accepted as a whole person, rather than being reduced to the status of 'victim' or 'survivor'.³⁴ The core principles of a survivor-centred approach are applied to male survivors.

However most male survivors of sexual violence require multi-sectoral responses and may experience sexual violence alongside other forms of violence and deprivation. In most instances they will prefer to seek services from other actors such as protection actors, child protection actors, general MHPSS services or in health-care settings.

Often male survivors of sexual violence prefer to access services that do not require them to disclose their experiences of sexual violence and we must respect their language and agency in framing their experiences.

³⁴ SVRI Online Forum: See, for instance, the lists of top priorities drawn up by male survivors in Cambodia, Hong Kong and the United Kingdom presented by Alastair Hilton to the SVRI Online Forum.

Annex 3. Additional Resources

This guidance note is informed by the following resources, which provide more in-depth and specific information and guidance on male survivors.

- Women’s Refugee Commission. (2021). [Addressing Sexual Violence Against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-friendly Guidance Note by Sector](#)
- Women’s Refugee Commission’s research on male survivors:
 - [“Sexual violence against men and boys in conflict and displacement: Findings from a qualitative study in Bangladesh, Italy, and Kenya. Synthesis report.”](#) (2020)
 - [“We have a broken heart”: Sexual violence against refugees in Nairobi and Mombasa, Kenya.](#) (2019)
 - [“More than one million pains”: Sexual violence against men and boys along the Central Mediterranean Route into Italy.](#) (2019)
 - [“It’s happening to our men as well”: Sexual violence against Rohingya men and boys.](#) (2018)
- Gender and Humanitarian Action Asia and the Pacific Working Group (2017) [Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacific 6 LGBTIQ+ Rights and Inclusion in Humanitarian Action and Disaster Risk Reduction](#)
- UN OCHA Philippines (2016) [Lesbian, Gay, Bisexual and Transgender \(LGBT\) Awareness infographic, emergencies amplify discrimination](#)
- Humanitarian Advisory Group (2018) [Taking Sexual and Gender Minorities Out of the Too-Hard Basket](#)
- UNHCR (2015). Protecting Persons with Diverse Sexual Orientations and Gender Identities: [A Global Report on UNHCR’s Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees.](#)
- SVRI (2016) Briefing Paper: Care And Support Of Male Survivors Of Conflict-Related Sexual Violence.
- UNICEF/ WRC (2019) [10 Insights from Discussions with Boys and Young Men Travelling to Italy on Sexual Violence](#)
- UNICEF/WRC (2021) [Supporting survivors of violence: The role of linguistic and cultural mediators](#)
- The Children’s Society (2018) [Boys and Young Men at Risk of Sexual Exploitation: A Toolkit for Professionals](#)
- WRC/UNICEF. (2021). [Supporting survivors of violence: the role of linguistic and cultural mediators - with a focus on gender-based violence and sexual violence against men and boys.](#)
- UNICEF (2016) [Promising Programmes To Prevent and Respond To Child Sexual Abuse And Exploitation.](#)
- Refugee Law Project at Makerere University in Uganda (program on [Therapeutic Activism: Men Of Hope Refugee Association](#) Uganda Breaking The Silence Over Male Rape In Conflict related Sexual Violence

Annex 4: Note on Boys and Family Violence/ Domestic Violence Services

The design of services aimed specifically at supporting survivors of domestic violence/ family violence, such as crisis accommodation, safety planning, legal protection and measures supporting economic recovery should consider the safety and needs of any dependent children, including boy children.

There may be some challenges in supporting survivors with dependent boy children, for example in most contexts emergency shelters/ crisis accommodation have age limits for male children accompanying mothers. This may place significant barriers for many survivors with older boy children seeking these services, and consideration for any alternative options for family crisis accommodation may be needed.

In some contexts, other services for family violence such as case management may be delivered to family units and will include where relevant male dependent children. Consideration for the location of this service delivery and the needs of the boy child depending on age should be taken into account in the design and delivery of these interventions.

For dedicated psycho-social support measures and case management aimed at children who have experienced family violence- child protection actors are best placed and have the skills and experience to provide this support. In all contexts, a close partnership with child protection actors is crucial, as is clarity on referral pathways and service availability.



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