FOURTH ANNUAL CONFERENCE REPORT

SEXUAL VIOLENCE AGAINST THE MALE GENDER:

A PERSPECTIVE ON FORCED MIGRATION

18 DECEMBER 2021, THE HAGUE, THE NETHERLANDS



TABLE OF CONTENTS

Centre for African Justice, Peace and Human Rights

Introduction

Official Opening by Conference Chair, Ms. Lorraine Smith van Lin, Director of Smithvanlin Consultancy and Founder of Tallawah Justice for Women

Opening Address by Ms. Sophia Ugwu, Founder, Chairperson, Centre for African Justice, Peace and **Human Rights**

Session One: The Expert Perspective

Dr. Ines Keygnaert - Physical and Psychological Complexities of Conflict-Related Sexual Violence Against the Male Gender in the Context of Forced Displacement

Dr. Marian Tankink - The Psychosocial Consequences of Refugees' Policies and its Impact on the Self-Esteem of Refugee Boys and Young Men Who Have Experienced Sexual Violence: An Insight On Greece

Session Two: The Legal Perspective

Dr. Noemi Magugliani - Limitations To Access to Justice in Cases of Sexual Violence Perpetrated Against Men and Boys: A Focus on Domestic Asylum and Anti-Trafficking Contexts in the Council of Europe Region

Justice Elizabeth Ibanda-Nahamya - A Brief Reflection on the Existing State of Affairs and Looking Towards the **Future**

Interactive Discussion: Elaboration From Our Speakers and Insights From Participants

Concluding Remarks

Annexure I: Event Programme

Annexure II: Featured Speakers

Annexure III: Event Posters

06

03

07

10

11

17

21

22

26

27

31

32 35

37

INTRODUCTION

On 18 December 2021, the Sexual Violence Against the Male Gender Team at the Centre for African Justice, Peace and Human Rights (CAJPHR and 'the Centre') hosted the 'Fourth Annual Conference on Conflict-Related Sexual Violence Against the Male Gender: A Perspective on Forced Displacement.' Through the forum of an annual conference, the Sexual Violence Team seeks to raise awareness regarding conflict-related sexual violence (CRSV) committed against men and boys through various lenses. Sexual violence is defined by the International Criminal Court (ICC) as "an act of sexual nature against one or more persons", committed either "by force, or threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power [...] or by taking advantage of a coercive environment", it is characterised by the victim's "incapacity to give genuine consent".

This year, the Sexual Violence Team chose to focus on the issue of forced displacement. The vulnerable situation in which forcibly displaced males find themselves results in significant exposure to CRSV (including being subject to or forced to witness such acts), this is especially true in IDP (Internally Displaced Persons) camps and refugee camps. Forced displacement has reached an unprecedented peak in recent years, especially during the COVID-19 pandemic.

According to recent data from the UNHCR, there are approximately,



70.8M
FORCIBLY DISPLACED

3.5M
ASYLUM-SEEKERS

25.9M

41.3M
INTERNARLLY DISPLACED PEOPLE

To provide some background, the term 'refugee' refers to an individual who is forced to flee their country of origin due to conflict, violence, or persecution because of their race, religion, nationality, political opinion, or membership in a particular social group and, who is unwilling or unable to return to their former habitual residence. In contrast, an asylum seeker refers to an individual who has fled persecution in their country of origin and is seeking safe haven in another, but who has yet to receive any legal recognition or be granted the status of refugee.

Whereas, IDP refers to individuals who have been forced to flee from their home or place of habitual residence as a result of – or in order to avoid the effects of – an armed conflict, violations of human rights or natural and/or human-made disasters, and who have not crossed an internationally recognised State border.



Despite the challenges of the COVID-19 pandemic, the Sexual Violence Team was still able to successfully host its annual conference, which this year was held on zoom. Participants were able to hear from four prominent experts who discussed the medical, psychological and legal elements at play in relation to forced migration. Our panel of experts consisted of Dr Ines Keygnaert, Dr Marian Tankink, Dr Noemi Magugliani and Justice Elisabeth Ibanda-Nahamya. Collectively, they provided participants with stories and lessons pertaining to male survivors of CRSV; statistics regarding the prevalence of such violence and models for working with survivors; the impact of such violence on men and boys; the domestic and international legal frameworks governing these issues and how in their current form, such systems create limitations on access to justice (as well as other shortcomings). Given that male victims of CRSV are frequently overlooked within the fields of law and policy, this matter has never been more relevant. Thus, the aim of this conference was to provide attendees with a comprehensive and complete picture of CRSV perpetrated against forcibly displaced males.



OFFICIAL OPENING BY CONFERENCE CHAIR, MS. LORRAINE SMITH VAN LIN

The Chair of the conference, Ms. Lorraine Smith van Lin (Director of Smithvanlin Consultancy and Founder of Tallawah Justice for Women) officially opened the event by welcoming speakers and participants. She also took this opportunity to highlight the key themes underlying the conference and its goal, i.e., bringing attention to the devastating, yet underreported, impacts of the diverse forms of CRSV experienced by male refugees, asylum seekers, internally displaced persons and stateless persons. These include psychological trauma, feelings of disempowerment, and stigma, to name a few. Ms. Smith van Lin continued by expressing hope that, by shining a light on these issues, there will be a 'catalytic effect' which will see lawmakers and policymakers take the action required to remedy existing shortcomings in the system.



OPENING ADDRESS BY MS. SOPHIA UGWU

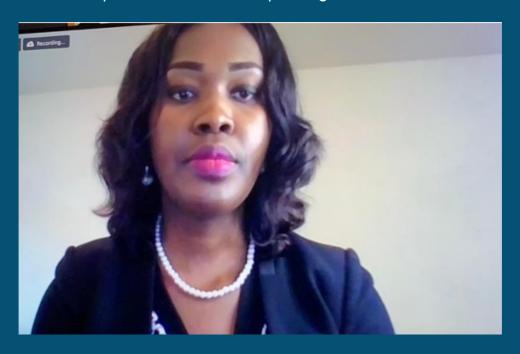
Once the conference was officially opened, CAJPHR's Founder and Chairperson, Ms. Sophia Ugwu, delivered her introductory remarks and proceeded to welcome our experts and participants. Following this, Ms. Ugwu highlighted the mission of the Centre and briefly touched upon the work being done by each of its teams, focusing particularly on the work of the Sexual Violence Team.

Ms. Ugwu noted that, whilst we are already aware that sexual violence is often used as a tool of war around the world, a lot less is known about the impact of this kind of violence on the male gender. Thus, she reiterated the importance of bringing awareness to the perpetration of CRSV against men and boys through both advocacy and research. Reflecting on the purpose of the conference itself, Miss Ugwu observed that the occurrence of this conference on the date of the commemoration of International Migrants Day represented the perfect occasion for engaging in dialogue regarding the plight of male refugees, asylum seekers, and other displaced or migrant men who have become victims of sexual violence whilst trying to flee their home or region.

In the course of her remarks, Ms. Ugwu highlighted the fact that perpetrators often utilise CRSV as a means of diminishing the masculinity of the men they target, consequently also diminishing their role within the social hierarchy as leaders and protectors of their community. She drew attention to the fact that male survivors often do not come forward to report such incidents as receiving justice is rare. Rather, they tend to become the target of oppressive laws and social stigma, and often face greater challenges than females. In light of these barriers, survivors are often unable to get the medical attention they need – both physically and psychologically. Research conducted within the last few years has shown that acts of sexual violence committed against the male gender are particularly prevalent amongst men and boys in displacement settings.

According to the 12th Report of the United Nations Secretary-General (UNSG) on CRSV, in 2020, more than 58 cases of CRSV were reportedly perpetrated against men and boys in 18 countries, including the Central African Republic, Democratic Republic of the Congo, Libya, Mali, Somalia, South Sudan, Sudan, Côte d'Ivoire, and Nigeria. Furthermore, the 2021 report of the UNSG on CRSV revealed similar findings to that of the 2020 report in relation to incidents of sexual violence against men and boys. Such incidents were recorded as occurring in almost all the same countries covered in the 2020 report, with the majority occurring in detention settings. Specific incidents were reported in Libya, Syria, Yemen, Democratic Republic of the Congo and Afghanistan.

Subsequently, Ms. Ugwu reminded participants of the fact that these existing issues have worsened due to the COVID-19 pandemic, which has rendered the pursuit of justice and redress for victims of CRSV even more complex. Restrictions were placed on the capacity of judicial actors to conduct their work, which has in turn resulted in the deterioration of justice and accountability systems. Such deterioration impacts the timely operation of reporting mechanisms and hinders the work of analysts, investigators, lawyers and judges. Additionally, the pandemic has reportedly reduced the amount of field research that it is able to take place and impacted the effective monitoring of locations where CRSV frequently occurs, such as, detention facilities, displacement settings (such as asylum camps), and refugee settlements. The reduced ability to research such an issue has severe impacts in that it will reinforce the problem of underreporting.



With this in mind, Miss Ugwu concluded that there was no better time to raise awareness around the existing situation, to enhance support for victims of CRSV and to push for the total elimination of this crime. She noted that conferences such as this provide a forum in which stakeholders can come together to discuss their experience and best practices in order to help achieve these goals. Finally, Miss Ugwu expressed her hopes that this conference will encourage the audience to join us in our efforts to raise awareness surrounding CRSV against men and boys, and to advocate for justice for survivors of such atrocities. The elimination of CRSV against men and boys is not the responsibility of one, but rather the responsibility of all.



SESSION ONE: THE EXPERT PERSPECTIVE

The conference commenced with a session dedicated to exploring the 'Expert Perspective' which honed in on the physical, psychological and psychosocial elements experienced by men and boys who have experienced and/or witnessed sexual violence.

The first expert who presented at this session was Dr. Ines Keygnaert. She is an Assistant Professor in Sexual and Reproductive Health at the International Centre for Reproductive Health's Department of Public Health and Primary Care (Faculty of Medicine and Health Sciences), and Team Leader of the Gender and Violence Team at Ghent University.





Our second expert was Dr. Marian Tankink, an Anthropological Researcher and Trainer on gender, violence, and mental health. She is also a consultant for the Institute for Justice and Reconciliation, working on linking the field of mental health and psychosocial support with the field of peacebuilding. Dr. Tankink is also an editorial board member for the Journal of Human Trafficking, Enslavement and Conflict-Related Sexual Violence, and for the Journal of Mental Health and Psychological Support in Conflict-Affected Areas, as well as a lecturer on 'Human Trafficking' at the Training and Study Centre for the Judiciary.

"PHYSICAL AND PSYCHOLOGICAL COMPLEXITIES OF CONFLICT-RELATED SEXUAL VIOLENCE AGAINST THE MALE GENDER IN THE CONTEXT OF FORCED DISPLACEMENT" DR. INES KEYGNAERT

Dr. Keygnaert began by outlining the keys areas which inform the focus of her work, starting with the scope of sexual violence experienced in migration. For the purposes of her research, Dr. Keygnaert adopts the World Health Organisation's (WHO) definition of sexual violence as it is broader than what is covered by most laws, which often include more limiting elements pertaining to coercion and consent. She then continued by distinguishing between hands-off sexual violence (i.e., sexual violence without physical contact; sexual neglect; disrespect of sexual intimacy; sexual harassment) and handson sexual violence (i.e., sexual violence with physical contact; sexual abuse; rape; attempted rape).

After outlining the scope, Dr. Keygnaert subsequently addressed the specific forms of sexual violence that tend to be prevalent in the context of migration. The first is sexual exploitation, which includes abusing an individual's position of vulnerability, differential power or trust for sexual purposes. Such exploitation can include forced sex work, transactional sex for survival (in exchange for food, clothing, money, papers, etc.), forced marriage for sex, and the sexual abuse of power by professional service providers. Dr. Keygnaert elaborated that, in the context of migration, people often are forced to experience varying types of hands-on and hands-off violence in order to be permitted to cross a border.

"Any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession or punishment from the victim or third person, intimidate the victim or third person to destroy, in whole or in part, a national, ethnic, racial or religious group",.

Definition provided by Dr. Keygnaert when referring to sexual violence as a weapon of war and/or torture.

She noted that those who are displaced can face a continuum of violence prior, during and (especially) upon arrival in a new country. As a result of research conducted in Europe, she found that, in the country of origin (during the conflict) there would often be sexual abuse by persons in power, including sexual attacks/assaults, rape, abduction by armed members of parties in conflict, gang rape and survival sex/forced sex work. During transit there would be sexual attacks/assaults by gangers and border guards, trafficking by smugglers and slave traders, sexual violence in transit facilities and survival sex/forced sex work. Finally, in the country of destination there would be sexual attacks/assaults, coercion, extortion by persons in authority and sexual violence in asylum reception centres.

Dr. Keygnaert expanded on the above by delving further into the nature and magnitude of sexual violence against male forced migrants, applicants of international protection and refugees. In doing so, she touched upon the existing literature impacting our perception of sexual violence, and not always in a positive manner. A prime example of this being the ideal victim theory which dates back to 1986.

IDEAL VICTIM THEORY - SIX CRITERIA

1) female victim;

2) weak (at the point she was raped, given her femininity);

3) carried out a respectful activity;

4) was at a place where it was okay to be (considering her position);

5) assaulted and raped by a big, bad man;

6) unknown to her

Thus, according to this theory, women are by definition victims and men perpetrators. Aligning, to some extent, with this theory is the depiction of male migrants in EU media as horny, over-sexualised and *a priori* transgressive males and, as such, a threat to EU society. Theories such as this provide harmful perceptions of migrants and influence later research regarding this group in a negative manner. For example, most of the recent research has been directed towards female victims – neglecting the fact that men and boys could also have been subjected to sexual violence.

Another important aspect of the research conducted by Dr. Keygnaert pertains to the physical, sexual and reproductive health consequences of sexual violence. In the short term, such consequences can include bruises; contusions; lacerations; fractures; urinary tract infections; genital injuries and (extra)genital pains; sexually transmitted infections; HIV/Aids; infertility and death.

In the long term, consequences can include, chronic pains; physically retarded growth; questioning of one's gender, sexuality and masculinity; being unable to cope with involuntary physical arousal; erectile dysfunction; sexual risk behaviour (individuals wanting to take control back and be "the man"); relational problems (attachment problems) and questioning one's ability in relation to fatherhood. Dr. Keygnaert's research then goes a step further by delving into the impact of sexual abuse on children and their brain development. She observed that, when such violence occurs at a young age, it may affect the structure and function of different brain structures which persist into adulthood. For example, at the structural level, the volume of the hippocampus (which is important for memory) is much smaller. The prefrontal cortex (that is involved in cognitive and emotional functions such as decision-making, planning social behaviour and impulse control) is also much slower. At a function level, the amygdala activity (which deals with emotions and the stress response) in combination with the hippocampus/prefrontal cortex/sensory cortex activity is also influenced. Cortisol levels can go very high because of the fear, cortisol stays up and the hippocampus cannot calm it down which can lead to serious consequences in the long-term because of toxic stress in the brain.

Dr. Keygnaert referred to the importance of also taking into consideration the mental health response, as the physical consequences of sexual violence on a survivor only form part of the picture. She noted that, in the moment itself, possible psychological and behavioural consequences include fear (fright/horror so strong that it makes all thoughts and emotions disappear); feeling of being excluded from the community of human beings (feeling like an object, having lost value as a human being and feeling like animals are being treated better); confrontation with the reality of death or nothingness (without being able to make sense of it or escape from it) and a collapsing belief of the world as a benevolent place.

Different types of dissociation may also be experienced in the moment, including dissociative amnesia; dissociative stupor; dissociative somatoform disorders; depersonalisation; derealisation; automatic actions and time distortion. In both the short and long term there can be signs of acute stress syndrome, which can evolve into post-traumatic stress disorder (reliving; avoidance; negative thoughts and mood; change in alertness; reactivity).

These symptoms should normally diminish over time with sufficient support and care. However, if they last more than one to three months then they can be considered to have developed into post-traumatic stress disorder which requires psychological aid. Unfortunately, Dr. Keygnaert shed light on the fact that the impacts of sexual violence do not stop here. Indeed, they can also result in a range of socio-economic consequences for the survivor. These include, stigmatisation; discrimination and isolation; repudiation and forced marriages; dropping out of school or falling behind; inability to work and unemployment; (structural) poverty; honour-related violence; impact on personal development and social status.

During the course of her talk, Dr. Keygnaert expanded upon the aforementioned physical and psychological impacts by outlining their influence on disclosure and helpseeking behaviour. For example, she noted that sexual victimisation can have an impact of the memory, more specifically, on disclosure and the ability to talk about the event(s). Emotions play an essential role in mental "synthesis" and particularly in memory. When there is an emotional shock, the information is encoded in our brain in a particular way (limbic memory) \neq normal memory (it's not encoded in a normal way). The information takes the form of "fixed ideas", as they are pieces of sensations, visions, sounds, and emotional/cognitive experiences. As a result the memory is fragmented in all different parts of the brain and cannot be linked together to become a memory. Since these aspects cannot link to form a memory and become part of the person's biography, this has an impact on disclosure and recall. When an individual is asked to recall what happened, it is not possible simply because they cannot put it all together. Dr. Keygnaert reminded us that we should be cautious of the fact that when individuals are faced with triggers, they are reactivated with the same intensity as during a trauma – it is a biological survival response.





Other barriers preventing disclosure of sexual violence include concern for one's own safety or that of other people, concern about the consequences of sexual violence (e.g., health); inability to talk about the event (traumatic memory, shock and amnesia); inability to identify oneself as a victim; anticipation of change after revealing the truth (for better or worse); anticipation of the reactions of others (positive and negative); open and closed cultures and education; fear of the perpetrators retaliation. Forced migrants in particular measure their situation against the perceived benefits and drawbacks (of not revealing the truth). They ask themselves: am I bringing shame to my community? If I talk to you, who will you tell about it? Is there a risk of honour-related violence? (i.e., other people will know I have been a victim of sexual violence, so will this lead to other types of violence?). Will it affect my application for asylum? Do I need to file a complaint? Can they lock me up or send me back? Will it affect the type of accommodation in terms of where I am allowed to stay? Will it affect who I will be sharing a room with? Their decision will also depend on their level of distress and ability to perceive themselves as a victim as well as an estimation of the reactions of other people (to whom one reveals the sexual violence) and on the cultural experiences and discussions related to sexuality.

Dr. Keygnaert concluded her presentation by signposting existing tools available for practitioners and academics working in the field, particularly those who are interacting with victims of sexual violence on a frequent basis. She referred to the inHEREProject which seeks to improve care for migrant victims of sexual violence. More specifically, it aims to provide holistic care for migrants, applicants of international protection and refugees (MAR) who have been sexually victimised, regardless of their age, gender, sexual orientation and/or legal status. With this in mind, it works towards three core objectives. The first is to build capacity and enhance the culturally and diverse-competent practices of five key professional groups working with MAR through online and onsite training. The second is to align national policies with EU regulations and guidelines for safe reporting of sexual violence regardless of legal status. Finally, the third is to bridge the competencies, practices and policies across professions in order to streamline the care pathways.

The culmination of research from inHERE and other projects have permitted Dr. Keygnaert and her colleagues to develop a 'Triage Tool' for the identification, care and referral of victims of sexual violence at European asylum reception and accommodation initiatives. Though this is Europe specific, Dr. Keygnaert was able to share general guidelines relevant anywhere which should be adhered to when talking with any victim of sexual violence.

An individual must respect, at every moment, the victim's autonomy; the victim's dignity; the victim's right to take decisions; the victim's right to correct information. Individuals should offer privacy, safety, empathy and respect, and keep appropriate distance from the victim and respect silences. However, they must not promise secrecy (as in some cases there is a mandatory reporting law) or play detective. Furthermore, an individual must take the victim seriously; tell them the violence is not their fault; give information in an understandable way; acknowledge the victim's feelings and strengths; rephrase what the victim has told them and ask closed questions in order to clarify or confirm a point. They should never question the victimisation; judge or blame; make false promises; pressure the victim to tell their story or reveal details (never ask why); use technical terms; tell them someone else's story; talk about their own troubles.

With the aforementioned sentiments in mind, Dr. Keygnaert brought her remarks to a close by capturing the essence of her presentation in the form of a quote taken from a study conducted on Afghan refugees, namely, "you need healthy people to build a healthy society."



"THE PSYCHOSOCIAL CONSEQUENCES OF REFUGEES' POLICIES AND ITS IMPACT ON THE SELF-ESTEEM OF REFUGEE BOYS AND YOUNG MEN WHO HAVE EXPERIENCED SEXUAL VIOLENCE: AN INSIGHT ON GREECE" DR. MARIAN TANKINK

Dr. Marian Tankink's research in relation to this topic is premised on the time she spent at refugee camps in Greece speaking to men and boys as part of a case study.

Approximately 94% of unaccompanied or separated minors were boys and young men

More than 8.5% under the age of 14 (some only eight years old)

Dr. Tankink observed that many of the men and boys had experienced sexual violence (such as rape, sex trafficking and exploitation) during their journey to Greece. For instance, Dr. Tankink spoke with a 17-year-old boy who had travelled from Syria to Greece with his younger brother. The young boy had already been there for 12 days but he was not registered. As a result, he and his brother had to stay in a big tent together with more than 20 men. All of the individuals in this tent were very stressed as they were waiting for the asylum procedure to take place, however, none of them know how it worked, when it was their turn or what would happen – no one was informing them. The aforementioned boy was dedicated to taking care of (and protecting) his brother, he did not dare to stand in the food line as he was afraid fights would break out and he did not sleep at night because he was afraid that his younger brother would be raped. It transpired that, during this boy's journey through Turkey, he was raped and as a result he suffered from mental and physical problems, but no one noticed this.

Preventing his brother from having to experience the same thing was one of his ways of coping with what happened to him. He had tried to get his brother into a safe zone for children but since they were not yet registered, they were not allowed in. Dr. Tankink noted that unfortunately, the situation that this 17-year-old found himself in was not the only instance of such events.

Dr. Tankink studied existing policies in Greece, only to find that boys and men were left out of gender-based violence prevention and response efforts, all of which were primarily focused on women and girls. A prime example of such policies could be found within the detention camps themselves. Dr. Tankink was not permitted to speak to women and girls who were considered to be in a protected zone, yet she was able to freely speak to men and boys who were in the very same area. Sadly, these policies are deemed to be a reflection of the views held by those in power and in certain sections of society that men, unlike women, do not need protection.

During her time at the refugee camps, Dr. Tankink came to realise that the personnel assigned in those posts often did not possess the requisite skills and training to identify incidents of sexual violence or the victims of such incidents. A problem that was exacerbated by the fact that personnel were switched every few months in order to prevent detainees from forming relationships with those in a position of authority. The camps were not only unsafe, but also overcrowded. One of the camps was designed to hold up to 3,000 refugees, but instead there were 14,766 refugees within the camp, with another 8,000 around it. Several of these individuals reported that they had to wait for more than two years before having their first asylum interview to determine whether they would be recognised as an asylum seeker under the existing legal framework. She noted that the adults and children in these camps had no access to Greek authorities in order to complain or ask for further information. There were no interpreters, a fact which Greek authorities did not want to draw attention to. There was no care provided and no coordinated responses in these camps at all.

Dr. Tankink also drew attention to other practical problems faced in camps, such as the exclusion of several males from the "safe" or "protected" zone. In this zone there was space for 70 boys, yet there were 160 boys in that area.



Furthermore, it was questionable to what degree this zone was actually "safe" or "protected" as at 10pm in the evening, the guards went home and left those in such zones with no protection at all. People could walk in and out of the area, something which happened frequently. Drunk men would come into the camp and surrounding areas and sexually abuse the children. Additionally, men would come to pick up the children, not only to use for sex but also to have them pick up drugs for them because it was easier. Having spoken to some of the boys during focus group discussions, Dr. Tankink discovered that boys were roughly in that area for eight to nine months. However, some young boys who had been allowed in such zones with their parent(s) were then forced to leave once they turned 12 years of age. Ultimately, boys and men were often left to fend for themselves entirely (not just past 10pm) and were faced with an increased risk of violence. These boys often became victims of such violence, either before, during or after they were forced to leave the camps and without ever receiving the required medical care.

Speaking of medical care, Dr. Tankink touched upon the impacts that such experiences can have not only on an individual's physical health but also their mental health. She noted that these boys needed a caregiver of some form but, unfortunately, there were no social workers available who could be asked to protect them. As a result, they experienced anxiety problems, sleeping problems, behavioural problems and were often confused about their identity as well as their future as a man (more specifically, what that future will look like). They lack the love, care, guidance and protection which are essential for development. Dr. Tankink was told by one of the survivors that they had no hope nor motivation, and that their life had stopped at the camp. She also observed that the staff at camps avoided talking with this group of individuals, though this was primarily due to the fact that assigned personnel often only spoke Greek (which the men and boys did not).

During the course of her research, Dr. Tankink also went to Athens where in the local parks there were approximately 3,000 boys and young men living without shelter. They had either not yet registered themselves as asylum seekers or their application had not been accepted. In the latter case, the individuals are legally required to return to their country of origin – though often they do not wish to return to a troubled situation nor are they able to make the journey.



As a consequence, these young boys remain in the country without the right to accommodation, finance, support, healthcare or any form of protection (and this includes those who are under 18 years of age). All that remains for these young men and boys is survival sex, which involves these individuals (ranging in age) engaging in different kinds of sexual acts with all kinds of men, even for a mere payment of five euros. Sometimes this requires going to the client's house, which poses several safety risks. However, Dr. Tankink stated that the boys and men tended not to see these risks. Rather, they were often happy to go back to the houses as they would be able to have showers as well as shelter for the night. In addition, several of these boys and men were also involved in criminal activities such as selling drugs – unfortunately some also became addicted themselves. The money received as a result of engaging in these activities provides the men and boys with not only the funds to survive, but also with funds to send back to their families (whose survival often depends on this income).

Dr. Tankink reached out to service providers during her trip, including several members of the police force. However, unfortunately, they were of the opinion that sexual violence against men and boys does not really happen. They believe that these individuals will use this as an excuse when applying for asylum. The rare few that agreed that such violence takes place did not dare to talk about what had happened as they were afraid of re-traumatisation. Male police especially found it problematic to process what happened to these men and boys and to reflect on their own masculinity. This lack of conversation surrounding the experience of male refugees means that they are ultimately left out of gender-based violence policies and prevention. It is presumed that this group is not affected somehow. Therefore, we need to remedy the lack of a malegendered perspective in research, interventions and best practices.

In her conclusion, Dr. Tankink emphasised that cases studies like this one should be utilised as a foundation upon which bigger discussions can be built. This situation is not only prevalent in Greece, or even in Europe, but throughout the world. Relevant stakeholders should take the opportunity to reflect on such studies to determine how to make the existing state of affairs and the existing systems better for boys and men who have suffered from, who have witnessed or who are at risk of falling victim to CRSV.

SESSION TWO: THE LEGAL PERSPECTIVE

This session was dedicated to exploring the 'Legal Perspective' which shifted the focus to discussions surrounding the existing domestic and international legal frameworks which govern the experience of those who have been forcibly displaced and who have survived sexual violence.



The first expert to present on this topic was Dr. Noemi Magugliani, who is a Research Fellow in Anti-Trafficking Law and Policy at the British Institute of International and Comparative Law. She also serves as a Legal Advisor to the United Nations Special Rapporteur on Trafficking in Persons and as a Legal Researcher with the Global Legal Action Network.

Our second expert to share insight into this perspective was Judge Elizabeth Ibanda-Nahamya. She is an experienced Ugandan Judge and the Executive Director of the NGO Emerging Solutions Africa, which is working on access to justice and fostering transparency. Furthermore, she currently serves as a Judge at the United Nations International Residual Mechanism for Criminal Tribunals.



"LIMITATIONS TO ACCESS TO JUSTICE IN CASES OF SEXUAL VIOLENCE PERPETRATED AGAINST MEN AND BOYS: A FOCUS ON DOMESTIC ASYLUM AND ANTI-TRAFFICKING CONTEXTS IN THE COUNCIL OF EUROPE REGION"

DR. NOEMI MAGUGLIANI

Dr. Noemi Magugliani began her presentation by outlining the definitional elements of access to justice, referring to access to international or other forms of protection (e.g., refugee status, subsidiary protection, humanitarian protection) in the asylum context. This includes access to anti-trafficking referral mechanisms and the recognition of individuals as 'trafficked persons' for the purpose of accessing either asylum or other forms of domestic, specialised, protection. Dr. Magugliani also referred to the recognition of sexual violence inflicted upon males and the related risks they face upon return in the context of deportation and/or return procedures, either following a negative asylum decision or the detection of an individual with 'irregular' migration status. In terms of human trafficking and sexual violence, she noted that there was an over-visibility of both of these issues within European protection contexts, yet in both spheres males are rendered invisible by existing stereotypes and biases. In defining the landscape in which her analysis will take place, Dr. Magugliani outlined three core elements assessed in the context of international protection.

Core Elements - International Protection

- 1) Well-founded fear of persecution: this refers not only to sexual violence but also to the fear of reprisal or possible re-victimisation which, would amount to persecution if the person were to be returned to the territory in which the violence happened or which they have previously fled. Persecution can also include severe ostracism, discrimination or punishment by family, the local community or even the authorities (within the country of origin) which, upon return, may also rise to the level of persecution.
- 2) Membership of a particular social group which forms the category that most individuals or victims of trafficking and survivors of sexual violence tend to rely on when claiming asylum.
- **3) Risk faced upon return** by the person to which fear or persecution has to be linked.

Dr. Magugliani continued by engaging in a discussion regarding the instrumentalisation of 'vulnerability' as a tool of exclusion. She noted that vulnerability as a concept has quite a long history in the fields of sociology and psychology, but that vulnerability as a legal concept has only been deployed – and heavily relied upon – in the European context (and in the context of asylum) in more recent times. Additionally, Dr. Magugliani explained how, even though this concept is presented as a tool of inclusion, it is used as a tool of exclusion aimed at restricting access to protection to those individuals deemed to be 'protectable'. However, it should not be forgotten that the protectability of the individual is something that has been socially constructed. It is not universal, rather, it is something that depends on an individual's conceptualisation of protectable individuals/victims – and the latter is often linked back to stereotypical views of who is a victim.

Authorities in European countries are often aware that male youths, for example, are a group at risk of sexual violence and exploitation. Yet these leaders still tend to perceive male migrants as constituting a threat to women and girls, views which are generally the result of racist and gendered stereotypes. Dr. Magugliani noted that what happens when we continue to construe vulnerability as a group-based concept is that we tend to assume homogenous membership to that group (differences within groups tend to be eliminated), and then we de-classify other groups and prescribe the label of invulnerability. The result being that those who fall into the invulnerability category are perceived as not being able to be vulnerable and what this leads to is a priori exclusion.

Building upon this idea of exclusion further, Dr. Magugliani, in reference to the *a priori* exclusion from the vulnerable group, stated that when the notion of women is pinned down to the narrowly sexualised aspect of the category (in a binary society), and used as 'women' versus 'men' only, then this process only serves to reinforce patriarchal discourses. It imposes a *prima facie* (or sort of instant) vulnerability onto female bodies, while at the same time imposing a *prima facie* state of invulnerability onto male bodies. Additionally, she noted that we see this kind of division when it comes to screening tools which are used in the context of human trafficking and sexual violence, and deployed in the European countries of destination. As a result men are often left out of such mechanisms entirely.

Dr. Magugliani proceeded to give examples of the issues faced in practice by touching on cases that were decided on appeal in the UK and Italy, and which involved widespread assumptions of correlation between a history of sexual violence and the sexual orientation of applicants. In the case of YL decided in the UK, the first-tier tribunal responsible for examining the relevant asylum application attached very little weight to an expert report outlining the applicant's history of torture and violence (including sexual violence), and how this led to psychological symptoms including feeling sad, ashamed and dirty. In fact, this tribunal disregarded almost entirely the findings of the report and decided to deny asylum, a decision which was only overturned at the appeal stage. Thus, whilst this case can be seen, and particularised, as a success story, the fact it was decided at the last stage of appeal means that the survivor had to go through several layers of the justice system before their story was corroborated and believed.

In another case also decided in the UK, HVT, it was only recognised at the appeals stage that the shared experience of having been trafficked for the purpose of sexual exploitation amounted to a common immutable corrector state. This latter phrasing constitutes one of the tests that has to be fulfilled for a judge or other decision-maker to identify an individual as a being part of a particular social group and, therefore, permitting them to link their experience to the refugee conventions and eventually grant them refugee status. The initial decisions in these cases are examples of the prejudices typically associated with these individuals, including untrustworthiness. Furthermore, they demonstrate the disbelief of the experiences of male survivors of sexual violence. Dr. Magugliani explained that we could find these types of attitudes in a prevalent and consistent manner in most of the jurisdiction of the Council of Europe.

In relation to service provision, something that became evident during the course of Dr. Magugliani's field work in Italy and UK was the distinction between them, which was based on sex more than gender. Women and girls were often referred to psychological services, whereas men and boys were referred almost entirely to workshops and services that were focused on work skills. This approach raises two significant issues, the first being that it leads to the under-recognition and lack of disclosure of sexual violence against men and boys, which in turn precludes access to specific services that these individuals could have benefited from.



The second problem is the subsequent lack of awareness that prevents asylum and antitrafficking authorities from evaluating the claims before them on the basis of all the evidence, including reflection on the risks upon return as well as the risks of reprisals or discrimination if a person was to be deported or returned to their country of origin.

Dr. Magugliani drew attention to the fact that when men are included in anti-trafficking and sexual violence discussions, they are usually considered as non-gendered subjects. The evaluation of their claims rarely takes into account the impact of masculinities, of cultural norms and gender, and the way that behaviour plays out when meeting or entering institutional spaces and engaging with asylum or protection authorities. When men are considered as gendered subjects, their gender is associated with presumptions around hegemonic masculinity, save for those claims including a sexual orientation component. Hegemonic masculinity is a specific form of masculinity; it legitimises unequal gender relations also amongst masculinities, including with subordinate and marginalised masculinities. Thus, in this context, men are not only harmed when their masculinity as a gender identity is violated, but they are also harmed by masculinity as an imposed gender role.

Ultimately, men who are the focus of research and practice are used as "a normative referent for behaviour rather than as gendered human beings." Furthermore, sexual violence against males is then often labelled as torture, rather than what it is, which perpetuates this conception that sexual violence has a 'gendered' nature. Dr. Magugliani started to bring her remarks to a close by reminding participations that unfortunately, both sexual violence and human trafficking (especially for the purpose of sexual exploitation) are largely shaped, characterised, and understood as 'phenomena' which primarily affects women and girls. Furthermore, she noted that the existing expectations around victimhood conflict with expectations flowing from masculinity. Dr. Magugliani concluded by emphasising the responsibility of States to protect and prevent, even if they cannot directly prevent it from happening in States other than their own.



A BRIEF REFLECTION ON THE EXISTING STATE OF AFFAIRS AND LOOKING TOWARDS THE FUTURE JUSTICE ELIZABETH IBANDA-NAHAMYA

Justice Elizabeth Ibanda-Nahamya began her presentation by drawing on the words of survivors which captured the essence of the problem and which struck a powerful chord with those in attendance. One survivor in particular had put forward the following question, "You keep on empowering our women but who comes to us about regaining our dignity and listens to our problems?". Justice Nahamya noted that whilst gender-based violence against women has become a salient topic in human security, particularly in relation to sexual violence, men have been more or less excluded from the conversation. She referred to the situation in Northern part of Uganda, in the Acholi and other regions, where men and boys have suffered physically and mentally due to the sexual violence they have experienced.



Several factors which prevent survivors coming forward to report and/or share their story despite the fact they are suffering both physically and mentally were identified by Justice Ibanda-Nahamya. They included lack of faith in the justice process and the risk of social stigma. Additionally, individuals sometimes do not come forward because they fear being punished by their parents, who are unable to understand how they ended up in situations where they were raped and defiled. Unfortunately, this results in some men and boys finding themselves unable to deal with the trauma. Justice Nahamya explained how, in some cases, this inability to deal with the violence due to the lack of support results in some men and boys themselves later perpetrating domestic violence against their wives. In her concluding remarks, Justice Nahamya touched upon the fact that there is a lack of research in this area and thus, significant work remains to be done in order to ensure that the entities responsible for handling such cases are educated and brought up to standard, so that survivors are given voices and are understood by their community.

INTERACTIVE DISCUSSION: ELABORATION FROM OUR SPEAKERS AND INSIGHTS FROM PARTICIPANTS

During the interactive sessions, speakers had the chance to elaborate on some of the points made during their presentations and provide more information about their experiences. In particular, the impact of COVID-19 on protection mechanisms and access to assistance for male migrants survivors of sexual violence was discussed, with Dr. Magugliani bringing the example of Italy and Dr. Keygnaert that of Belgium. Judge Nahamya further explained the difficulties male survivors face when accessing national and international courts due to stereotypes on the sexual victimisation of men and the lack of relevant jurisprudence. Dr. Tankink reiterated the importance of a multi-sectoral approach which provides victims not only with psychological help, but also with self-development opportunities. The participants actively engaged with the speakers by asking questions as well as by sharing their thoughts and opinions.

Question for Ms. Ugwu

Question: "What is the CAJPHR doing to network and coordinate with protection actors in culturally very conservative contexts, such as Afghanistan and South Sudan, in order to raise awareness, and contribute to the prevention and response to conflict-related sexual and gender based violence affecting the male gender?"

Answer: "Our interest is to promote justice everywhere, not only in Africa. For that reason, we research country situations and issue country-based reports on the matters of SV directed against the male gender. Additionally, we conduct research on the laws in Africa. This research implies a step-by-step analysis of the legal documents and laws on sexual violence. Some of these laws imply that a man cannot be raped, because they identify rape as a penetration done by a man on a woman, or specifically mention vaginal penetration. However, in these countries, we cannot blame only culture.

The representants of some countries engage in a voluntary dialogue, where they explain details of the laws, definitions, and practices in the cases that involve sexual violence. These dialogues lead to the shift in understanding that rape should not be a gender issue and that judicial makers have to implement the changes. For example, in Nigeria, different states started implementing a neutral definition of rape, after the existing definition was improved to remove the mention of body parts.

However, existing religious practices impose challenges in the fight against CRSV. Religious actors and communities do not welcome gender-neutral definitions, because they believe men cannot be raped. The challenge is to change the mindset of people, who did not receive a proper education. The practice is to educate them in the language that they understand, through the translation of awareness materials, pictures, and diagrams, in addition to making these materials available to those in need. The main issue with this practice is funding. Certain organisations provide funding opportunities for specific aims, the majority of which is the sexual assaults directed against women. Since the start of COVID pandemic, access became even more limited due to travel restrictions and the closure of funding opportunities. In conclusion, we tackle those issues through the provision of natural support and education, spreading the awareness and provision of funding."

Questions for Dr. Keygnaert

Question: "Do you find that there is a different dynamic behind sexual victimization perpetrated by an individual and that perpetrated by a group? For example, in the case of a group committing such abuse, is it considered a "bonding" experience for them? Is there a difference also in terms of the consequences on the victims?"

Answer: "No, because if an individual is being victimised, it is usually done through the "wrong place, wrong time" stigma. Therefore, it could have happened to anybody. In some cases, it is easier for the victim to get to terms with what happened when they understand that the attacker could have attacked anybody. However, if the group is being victimised, it is being victimised for being a group.

They get targeted. They possess a shared identity that made the attacker attack specifically them and for a reason, not because it was the "wrong place and time". You become a part of the group of people who 'needs to be attacked'. It stripes the human identity, because it puts you in the same position as a thing or an animal. However, one tendency that comes out is the fact that it is harder to cope with and overcome the group victimisation, rather than the 'regular' victimisation."

Question: "In your opinion, how can policymakers, NGOs and authorities in a host country support survivors of sexual violence and forced displacement, specifically in the situation where survivors have not yet obtained asylum and are considered illegal residents?"

Answer: "I believe we should ensure that there are sexual assault care centers in all countries and that survivors can get the holistic care they need for free (which is already mostly guaranteed), but also that laws around safe reporting are installed, so they can have access to justice in the same way as all other victims. The differential treatment is mostly linked to the fact that, if a police officer comes into contact with a victim, then the latter is legally obliged to check the identity and/or legal status of that person, and if this person is undocumented they have to at least inform the legal instances, so if we already have a firewall system in which they take SV into consideration as a crime and do not have to report legal status, then we are already in a better situation."

Question for Dr. Tankink

Question: "How does suffering sexual violence impacts forcibly displaced boys as they grow up? Can we see some clear trends as they grow older?"

Answer: "Sadly, there is not enough research conducted on this topic. However, I can say that, if these boys get proper care, physical and mental, there is a great chance that they will reconstruct their identity and overcome what has happened to them. The problem with research is also the fact that, for example, in Athens, the boys who were sexually abused did not want to get into contact with anyone. They were hidden in the safety of their families because they were petrified and did not trust anybody.

For those who are able to build some kind of trust for strangers, only the first years are spent on the creation of a normal life. They are provided with food, clothes, friends and safety. Only after they are ready and understand that such horrific events would not take place anymore, we could start building a relationship with them. If such a relationship is created, it helps them to work through the trauma through the therapeutic influence. We can help to re-transform them. However, as to the boys who did not receive any help - there is no evidence."

Comment for Dr. Noemi Magugliani

Question: "I also really liked how Dr. Magugliani introduced the concept of intersecting vulnerabilities. Intersectionality is a very useful theory to understand and analyse the multilayered nature of the sexual victimisation suffered by men (among other experiences of discrimination and violence)."

Answer: "Unfortunately, only marginally and in a non-systematic manner – there are some decisions that mention intersectionality and relational vulnerability, but these are quite exceptional. As research emerges, I would hope that it is operationalised in a more consistent manner."



CONCLUDING REMARKS

The conference provided a great variety of perspectives and experiences from professionals in the field, researchers and legal experts. The CAJPHR is happy that, together, we were able to shed light on the issue of CRSV against the male gender, which is often underreported and undocumented due to stigmatisation.

The audience, the Chair and the speakers were able to partake in fruitful dialogue and share valuable perspectives that highlight the importance of addressing the issue of CRSV against men and boys in the context of forced displacement. By covering different perspectives, we were able to spark a lot of interesting discussions that we hope will continue to inspire you and others to help shed light on this issue and to make a change.



ANNEXURE I: EVENT PROGRAMME

4th Annual Conference on Conflict-Related Sexual Violence Against the Male Gender: A Perspective on Forced Displacement

Date: 18th December 2021

Venue: Virtual

Time: 14h - 18:15h (CEST)

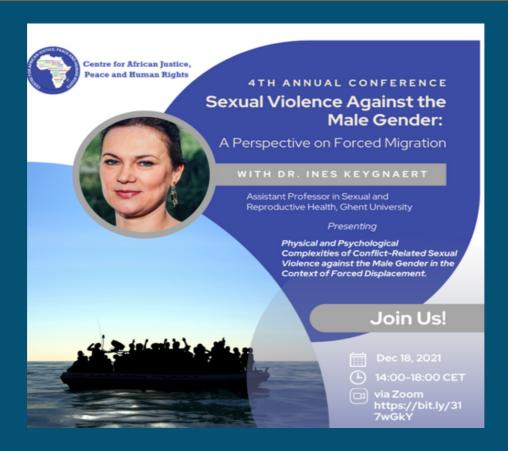
PROGRAMME AGENDA

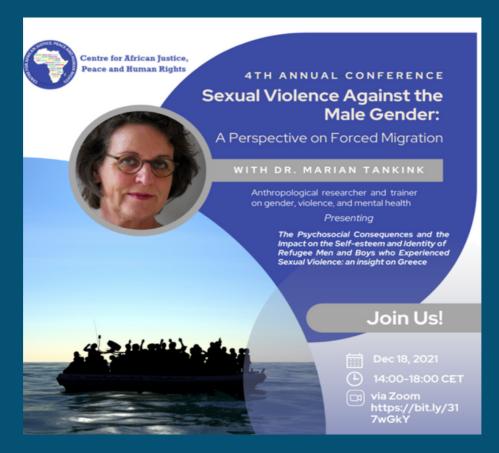
Time	Activity
Opening 14h00 - 14h15 (CEST) 15 minutes	Chair: Ms. Lorraine Smith van Lin, Director of Smith van Lin Consultancy and Founder of Tallawah Justice for Women
14h15 - 14h30 (CEST) 15 minutes	Welcome and Introductory Remarks: Ms. Sophia Ugwu, Founder and Chairperson, Centre for African Justice, Peace and Human Rights.
	SESSION I: THE EXPERT PERSPECTIVE
14h30 – 15h00 (CEST) 30 minutes	Topic: Physical and Psychological Complexities of Conflict-Related Sexual Violence against the Male Gender in the Context of Forced Displacement.

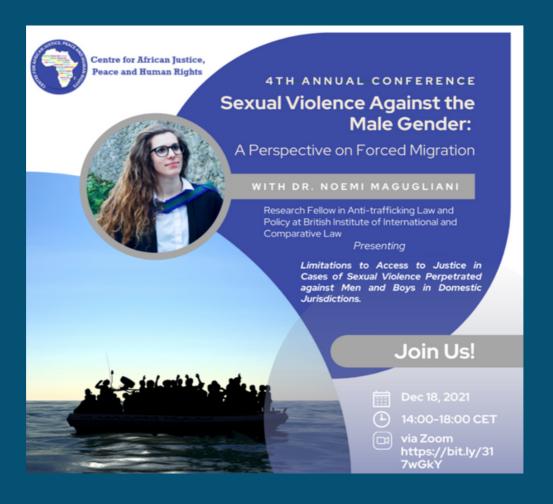
	Speaker: Dr. Ines Keygnaert, Assistant Professor in Sexual and Reproductive Health at the International Centre for Reproductive Health, Department of Public Health and Primary Care and Team Leader of the "Gender & Violence" Team at the Ghent University.
15h00 - 15h30 (CEST) 30 minutes	Topic: The Psychosocial Consequences and the Impact on the Self-esteem and Identity of Refugee Men and Boys who Experienced Sexual Violence: an insight on Greece Speaker: Dr. Marian Tankink, Anthropological researcher and trainer on gender, violence, and mental health. Consultant for the Institute for Justice and Reconciliation working on linking the field of mental health and psychosocial support with the field of peacebuilding. Editorial board member for the Journal of Human Trafficking, Enslavement, and CRSV, and the Journal of Mental Health and Psychological Support in Conflict-Affected Areas. Lecturer on 'Human Trafficking' at the Training and Study Centre for the Judiciary.
15h30 - 16h00 (CEST) 30 minutes	Interactive Discussion
16h00 – 16h15 (CEST) 15 minutes	Break
	SESSION II: THE LEGAL PERSPECTIVE
16h15 – 17h00 (CEST) 30 minutes	Topic: Limitations in Recognising Sexual Violence Against men and Boys in a Domestic Asylum and Anti-Trafficking Context: A Focus on the Council of Europe.

	Speaker: Dr. Noemi Magugliani, Research Fellow in Anti-trafficking Law and Policy at BIICL. Legal Advisor to the United Nations Special Rapporteur on Trafficking in Persons. Legal Researcher with the Global Legal Action Network (GLAN).
17h00 – 17h30 (CEST) 30 minutes	Topic: Limitations to Accessing Justice in Domestic Legal Systems for Forcibly Displaced Male Survivors of Conflict-Related Sexual Violence. Speaker: Justice Elisabeth Ibanda-Nahamya, Retired Ugandan Judge, Executive Director of Emerging Solutions Africa, Judge at the United Nations International Residual Mechanism for Criminal Tribunals
17h30 – 18h00 (CEST) 30 minutes	Interactive Discussion
18h00 – 18h15 (CEST) 15 minutes	Closing Remarks: Ms. Júlia Miragall Mas, Sexual Violence Team Project Manager, Centre for African Justice, Peace and Human Rights

ANNEXURE II: FEATURED SPEAKERS









ANNEXURE III: EVENT POSTERS



