The health consequences of sexual violence against men and boys

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Outline

- Definition, what it is, occurrence
- Settings, Perpetrators
- Health consequences:
  - Physical
  - Mental
  - Social
- Divergence/ convergence with male/ female victims/ survivors
- Diagnosis and reporting
- Responses
  - Major organisations: WHO, UNHCR, UNFPA, UNICEF, IASC, MSF
  - Health services
  - Social services

Sexual violence

Definition: any physical or psychological violence carried out through sexual means or by targeting sexuality and included rape and attempted rape, molestation, sexual slavery, being forced to undress or being stripped of clothing, forced marriage, and insertion of foreign objects into the genital opening or anus, forcing individuals to perform sexual acts on one another or harm one another in a sexual manner, or mutilating a person's genitals (UN 1998).

Forms of sexual violence:

- Rape [3-63%], gang-rape (Johnson 2010 DRC/ Kinyanda 2010 Uganda, Liberia)
- Forced to have sex/ raped (9%), forced to witness rape (15,6%) (Slegh 2012, Christian 2011DRC)
- Forced act with another person, f.e. daughter, mother (7-25%), molestation (16%), forced to undress (19%)
- Severe beating/mutilation of genitals (68% Croatia), incl. cutting of genitals

"*My auntie wants me to please her, what should I do?*"

Young boy, telephone- helpline Uganda

Occurrence among men and boys

- General: 0.4% – 4.13 % men experienced sexual violence by age 18 (18-29 years WHO 2017)
- Childhood sexual abuse boys under 18 years: 6-8%
- Experience up to 18 years of age :
  - "I had a sexual relation with someone in my family because I was forced to do this" (11%),
  - "Someone in my family touched my genitals or made me touch theirs against my will" (29.7%) (Slegh, 2012 DRC)

Conflict related:

- 24% men experienced life-time sexual violence Eastern DRC (998 adults, Johnson 2010), of which 64% conflict related SV
- Since age of 15 years: 5.9%, Last year (after conflict): 0.1% (Hussain 2014, Ivory Coast)

Settings, Perpetrators

Settings and who:

- Situation: war, conflict, natural disaster, school, workplace
- All male environment: prison (up to 50%), army, church
- Sexual orientation: gay, transgender (18%, India)
- Disadvantaged individuals: refugees/IDP, children, sex workers, HIV infected persons, mental/physically disadvantaged persons

Perpetrators: Men and women.

Lifetime: more female perpetrators than male (Houssain 2014, Ivory Coast)

Conflict related sexual violence: perpetrated by men only 91%; by women only 10%; by both 1% (Johnson 2010, DRC)

2. Health consequences

- Physical
- Mental
- Social

2. Health consquences: Physical consequences

- Traumatic genital injury (7-23%), Sexually Transmitted Infections (2-12%) (DRC)
- Castration, physical impotence, swollen testicles
- Blood in stools, abscesses and ruptures of rectum (Former Yugoslavia, Oosterhoff 2004)
- Fecal incontinence (Christian 2011)
- Croatia also: sexual dysfunction (34-70%) (DRC not asked) (Ba 2016)
- Pregnancy (1-11%): reported by male survivors of sexual violence forced into sexual servitude by female combatant who became pregnant (2010 DRC)

2. Health consequences: Mental consequences

Men

- Post-traumatic stress disorder (36-56%), depression (33-48%), anxiety disorders (15%), suicide attempt (4-23%) (Johnson 2010 DRC; Kinyanda 2010 Liberia; Ba 2016)
- Deep feelings of shame, guilt, anger, anxiety, nightmares and loss of interest in sex (Oosterhoff 2004)

'*After the rape I felt sick, I had trouble in my head. I used to shout, beat people and had other problems …*'. Male survivor (Christian 2011)

Boys: in addition:

- more likely to engage in risk-taking behaviors, such as sexual risk taking and abuse of alcohol and drugs later in life, leading to negative health outcomes

2. Health consequences: social consequences

- Alcohol and substance abuse (3-50%), social dysfunction (39%), stigmatization by family/ community (3%) (DRC, Johnson 2010; Liberia, Kinyanda 2010; Ba 2016)

  " I feel that people in the community look down on me. When I talk to other men, they look at me as if I'm worthless now"

- Marital problems, social withdrawal, loss of interest in work, inexplicable outbursts of anger, intrusive thoughts about sexual torture during intercourse, trouble trusting others or establishing relationships (Oosterhoff 2004).
- Shaming and stigmatization of wife and children of husband who was raped (Christian 2011):

  "*Your father is a woman*"

- Fear of leaving house, revictimisation

Difference with male/ female survivors: biased gender relations and expectations

- Issues of masculinity, fear of no longer being able to function as a man.
- Confusion on erection during rape
- Confusion on thoughts of being gay/ attractive for gays
- Fear of not being believed, shame, guilt, embarrassment (more than women) US college students (Sable 2006)
- Male-to-male: more often stranger, more often attempt to avert with violence
- Female-to-male: more often someone known, more often no attempt to stop, more often alcohol
- Less reporting to police/ authorities (US, Weiss 2008)

Dynamics Sexual Violence in conflict:

1. Power and dominance

2. Emasculation: gender stereotype: man is perpetrator, not victim:

Rebels or soldiers rape men to destroy their masculinity, their status and role in their own household, extended family and community (Christian 2011, DRC) '*The reason for raping women is for sex but one cannot comprehend why they are raping men*'.

- Femininization "this is the worst insult, to feel like a woman' (Iraq)
- Homosexualization: dual misconception: "homosexual men rape, and heterosexual men don't rape other heterosexual men"
- Prevention of procreation: Fears of no longer being considered fully a man, or of not being able to function as a man

3. Emasculation of group

- if they are unable to protect themselves, how are they to protect 'their' women and 'their' community Sivukamaran 2007

Recognition and responses: slowly changing

War in Former Yugoslavia signaled rape of women as a war crime. However:

'..that acts of sexual violence in such situations not only severely impede the critical contributions of *women* to society, but also impede durable peace and security as well as sustainable development' (UN Security Council 2013, *italics added*)

WHO 2012, 2014, 2017: Addressing Intimate Partner Violence: against women/ Strengthening health systems to respond to women subjected to IPV

SV against men: increased recognition in period 2014-2016 not translated yet to guidelines and handbooks (Touquet 2016).

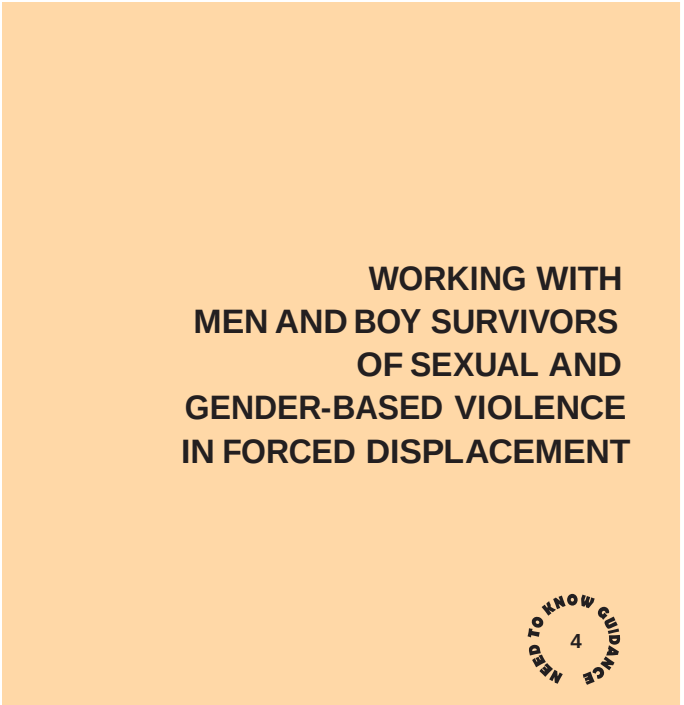
Diagnosis and reporting

'Men usually do not come forward, until they are ill or forced by the family members. There must be around 200 male victims or more here [in targeted villages], but only 40 have come for treatment' (Christian 2011)

- DRC/Goma: 7048 women cared for, men not reported. Shortage resources (Baelani 2011)
- Non-reporting of sexual violence at time of seeking medical care: about 75% (Ba 2016)
- Variety of context and culture-specific factors: shame, fear of community discovery, social stigma, fear of reprisals, fear of arrest (same sex relation criminal) (Chynowith 2017)
- Health workers no knowledge/ skills, no referral mechanisms

Responses

- Major organisations: WHO, UNCHR, UNICEF, UNFPA, MSF, IASC
- Care
- Prevention



Responses: major organisations

Conflict:

UNHCR 2012 Working with men and boys survivors of sexual and gender-based violence in forced displacement

WHO 2017 Sexual Exploitation and Abuse Prevention and Response *Policy and procedures*

UNICEF: lot of material regarding children

IASC 2015: Guidelines for integrating GBV interventions in humanitarian action

Boys*:*

WHO 2017: Responding to children and adolescents who have been sexually abused, clinical guidelines

Men*:* no international guidelines found

RESPONDING TO CHILDREN AND ADOLESCENTS WHO HAVE BEEN SEXUALLY ABUSED

WHO CLINICAL GUIDELINES

Health: Responses

Care for Boys:

- First line support: non-judgmental, safety – minimize harm, emotional support, provide information, immediate medical needs i.e. ruptures, avoiding multiple points of care, information for caregiver
- Medical history, physical examination, documentation
- Medical treatment: Sexual transmitted infections, ao HIV post exposure prophylaxis and treatment
- Psychological and Mental health support short-term, long-term
- Social support, legal support

(WHO 2017)

Box 2. Minimum treatment for survivors of sexual violence as per the IASC guidelines

- Prepare the survivor by explaining what examinations will be done and obtain consent (from the survivor or a parent/guardian if the survivor is a minor)
- Perform a physical examination and address any symptoms of panic or anxiety
- Provide compassionate and confidential treatment, including:
  - treatment of life-threatening complications and referral if appropriate
  - presumptive treatment for STIs
  - post-exposure prophylaxis for HIV where appropriate
  - emergency contraception
  - care of wounds
  - supportive counselling
  - discuss safety issues and make a safety plan
  - make referrals, with survivor's consent, to other services
- Collect minimum forensic evidence for legal redress, in case evidence can be processed.

Health responses: For Men

Care for Men:

Syria crisis: in Jordan:

- Institute family Health: work with male survivors of SV

- SCF: “Safe you, safe me”- helping boys and adolescents to distinguish safe/ unsafe touching

MALE SURVIVORS OF SEXUAL ASSAULT

A Manualon Evaluationand Management for General Practitioners

FaysalElKak, MD MS

Prevention of SV against boys/ men

- Most studies discuss prevention sexual violence against women, seeing boys/ men only as perpetrators
- Often recommendations only

- *UNESCO 2018*: International technical guidance on sexuality education (Comprehensive sexuality education)
- Start with sex education with boys: recognition, ok to say no, violence between partners is wrong, it's safe to tell, seek help

Prevention of SV (in general) in armed conflict

i) survivor care;
ii) livelihood initiatives;
iii) community mobilisation;
iv) personnel initiatives;
v) systems and security responses;
vi) legal interventions and
vii) multiple component interventions.

Spangaro 2013- systematic review

Apparent increases to risk resulted from lack of protection, stigma and retaliation associated with intervention

Conclusion

- Sexual violence against men more prevalent than usually thought
- In war/ conflict situations up to 40%
- Perpetrators: man and women
- Very often not recognized
- Difficult for boys/ men to come forward
- More help: health, social services needed
- More research needed

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