WOMEN'S REFUGEE COMMISSION

IAWG
Inter-Agency Working Group on
Reproductive Health in Crises

Gender-Based Violence AoR
Ukraine Protection Cluster

Service Barriers Faced by Male Survivors of Sexual Violence in Ukraine

December 2023

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

The Gender-Based Violence Area of Responsibility (GBV AoR) in Ukraine coordinates GBV service delivery partners operating in Ukraine. It currently operates 29 coordination forums at national, sub-national, and regional levels. The Working Group on Needs of Male Survivors of Sexual Violence is one of the coordination forums operated on the national level by the GBV AoR.

The **Ukraine GBV AoR Working Group on the Needs of Male Survivors** aims to strengthen the GBV AoR and its operational partners' capacity to better support men and boys in all their diversity who experience sexual violence in war-affected Ukraine, with the overall aim to ensure existing GBV humanitarian programs and services are increasingly gender inclusive for all survivors.

The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) is a coalition of international nongovernmental organizations, national agencies, and UN agencies working together to advance sexual and reproductive health and rights in humanitarian settings.

The IAWG Task Team on Male Survivors of Sexual Violence aims to improve the quality, availability, access, and utilization of priority minimum and comprehensive services for male survivors of sexual violence in humanitarian settings, and/including those with diverse SOGIESC (sexual orientation and gender identity/expression and sex characteristics) and to ensure that these efforts complement and/or reinforce services for female survivors.

Acknowledgments

This report is the result of a collaboration with the Gender-Based Violence Area of Responsibility (GBV AoR) Working Group on Needs of Male Survivors and the Interagency Working Group on Reproductive Health in Crises (IAWG) Task Team on Male Survivors, chaired by the Women's Refugee Commission (WRC). The IAWG task team, chaired by WRC, supported the GBV AOR in Ukraine to develop a working group on the needs of male survivors.

The report was jointly written by Katherine Gambir and Aditi Bhanja of the WRC, with additional data analysis provided by Ihor Vintsiv from the GBV AoR in Ukraine. Ekaterina Kristesashvili and Bidita Tithi of GBV AoR in Ukraine and members of the Working Group on the Needs of Male Survivors reviewed the report. The report was edited by Diana Quick, chief writer and editor, and Joanna Kuebler, senior director, external communications, WRC.

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CONTENTS

INTRODUCTION

Globally, women and girls are disproportionately affected by gender-based violence (GBV), including sexual violence (SV), due to gender inequality and discrimination.[1] In humanitarian emergencies, the risk of GBV, including SV, increases. Men, boys,[2] and/including people with diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC)[3] and people with disabilities also experience SV during emergencies.[4] Humanitarian GBV programming primarily focuses on women and girls; however, the Inter-Agency Minimum Standards for Gender-based Violence in Emergencies notes that GBV actors should coordinate across sectors (e.g., health, child protection, protection) to ensure access to lifesaving support for male survivors of SV, including sexual abuse and conflict-related SV. The humanitarian principle of impartiality means that humanitarians do not discriminate against any person, regardless of their sex, gender, age, sex characteristics, disability status, refugee status, or other identities. All survivors of sexual violence have a right to receive quality, appropriate, and timely care.

In February 2022, the conflict between Ukraine and the Russian Federation that began in 2014 with the Russian annexation of Crimea escalated to the full-scale invasion of Ukraine. As a result, nearly 4 million people are internally displaced, with over 110,000 people living in collective centers. As early as March 2022, Ukrainian civilians reported verified incidents of SV among women and men by Russian soldiers.[5] However, limited evidence exists to understand the barriers that male survivors of SV face in accessing services and support. To help fill this evidence gap, the Ukraine GBV Area of Responsibility (AoR) Working Group (WG) on Needs of Male Survivors collaborated with the global Inter-Agency Working Group on Reproductive Health in Crises (IAWG) task team on male survivors, chaired by the Women's Refugee Commission (WRC), to conduct a rapid assessment of the barriers that male survivors in Ukraine face in accessing GBV services. The goal of the assessment was to identify potential entry points for services that facilitate safe and confidential disclosure—including outside of GBV services—to understand training and resources needed to better equip GBV and non-GBV practitioners to better support men and boys in all their diversity who experience SV in war-affected Ukraine.

METHODOLOGY

Assessment Design and Analysis

Between June and July 2023, the GBV AoR WG on the Needs of Male Survivors in Ukraine administered an online Kobo questionnaire to service providers responding to the conflict in Ukraine across a variety of organizations—Ukrainian civil society organizations, humanitarian international non-governmental organizations, UN agencies, and state social service providers. The WG was established within the GBV AoR in Ukraine to provide technical support to its operational partners to better support men and boys who experience SV in war-affected Ukraine, with the overall aim to ensure existing GBV humanitarian programs and services are increasingly gender inclusive for all survivors.

The questionnaire was drafted by WRC with input provided by the WG and the IAWG task team on male survivors. The English version of the survey was translated into Ukrainian by a native Ukrainian member of the WG. The questionnaire contained 28 questions and took approximately 30 minutes to complete. The questionnaire collected information on each respondent's role, organization, location, services provided by their organizations, and populations served, and their experience working with male SV survivors, the services available to male survivors in their community, and the barriers to accessing those services. Surveys completed in Ukrainian were translated into English.

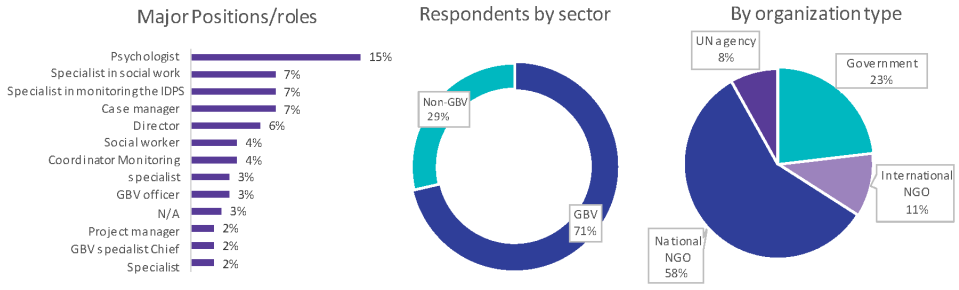
Using Stata IC 16 data analysis software, WRC led the analysis and assessed descriptive statistics of the data overall, followed by interpretation of findings. The analysis included descriptive statistics of the all the responses for each survey question, as well as disaggregated analyses of each question by two variables: sector of each respondent's organization and whether they reported that they or their organization had assisted male survivors since the crisis began in late February 2022. The disaggregated analyses included in this report were limited to those that had significant differences in the proportions of responses by different categories of respondents designated by the aforementioned analysis variables. Statistical significance was determined with Pearson's chi-square tests.[1] The analyses across these two variables were selected to better understand the context of knowledge among the respondents.

RESULTS

Overview of Survey Respondents

Overall, 159 participants responded to the survey–12 respondents did not consent to continue, and 147 respondents completed the questionnaire. Across roles, the most common role among respondents was psychologist specialized in GBV response (15%, N=22; see Figure 1). By sector, 71% (n=104) of respondents worked in the GBV sector, which was defined as organizations that were listed by the GBV AoR as having or providing GBV services in Ukraine. The remainder, 29%, worked in the non-GBV sector, which was defined as organizations that provide social services but are not officially part of the GBV AoR in Ukraine[2] (see Figure 1).

Figure 1. Respondents by Role, Sector, and Organization Type (N=147)



In total, 75 organizations were represented across the sample. By organization type, most respondents worked with national nongovernmental organizations (NGOs) (58%, n=85), followed by state institutions (23%, n=34), international NGOs (11%, n=16), and United Nations (UN) agencies (8%, n=12).

1 A bivariate analysis assesses the relationship between two variables alone. In this analysis, we compared responses of different groups in the sample – between either GBV and Non-GBV sector respondents, or respondents whose organizations assisted male survivors since the crisis and those who had not. Statistical significance was determined by Pearson's Chi-square tests, which estimated the probability that the response for a question would be related to either the sector that the respondent's organization belonged to, or their prior experience working with male SV survivors, with a confidence of 95% or a p-value less than 0.05.

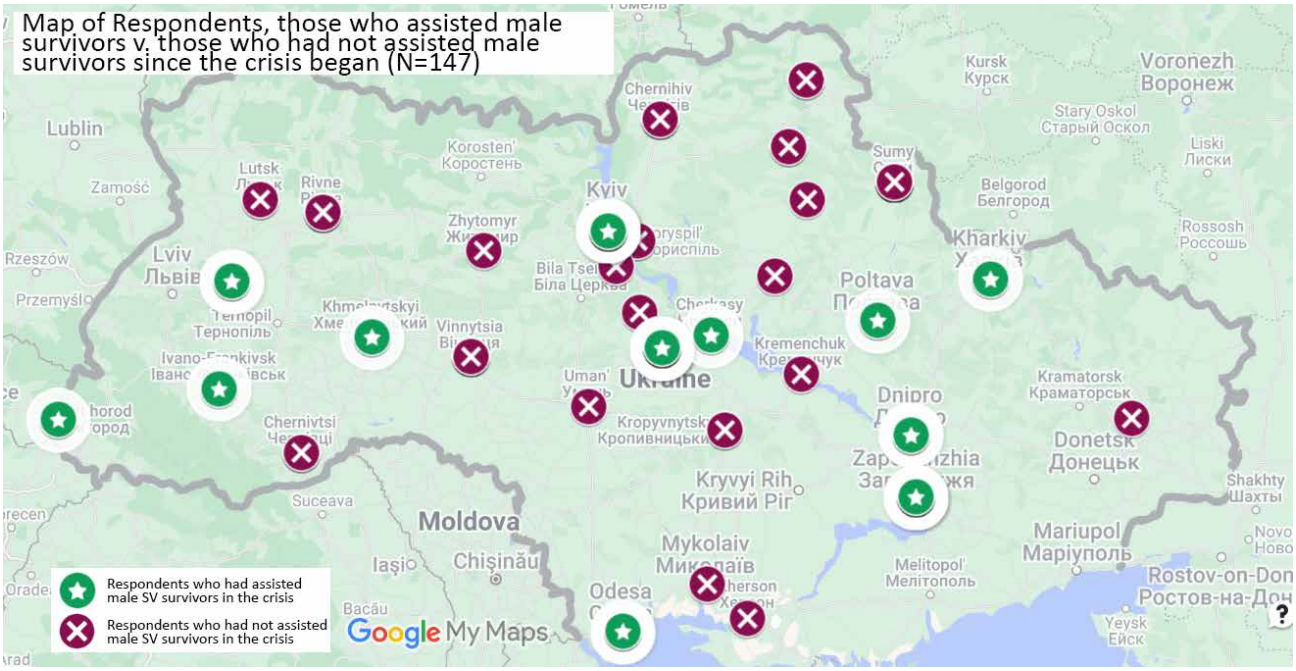
2 The distinction between GBV and non-GBV sector organizations was assigned based on the presence of the respondent's reported organization on the list of organizations working under the GBV AoR in Ukraine as of September 2023. This designation was confirmed by the colleagues on this project working under the GBV AoR in Ukraine.

A majority of respondents reported that they provided services to all of the populations that were listed in the questionnaire (Annex 1, Table 1). More respondents reported that they provided services to women than they did to men across nearly all comparable age and disability groups, but these differences were less than 5%. In regard to services provided for GBV survivors, most respondents reported that they provided information and/or counseling (77.6%), psychosocial support (75.5%), and referrals to GBV services (58.5%). Approximately one-third of the sample also provided GBV case management (36.1%), helplines or hotlines (34.0%), and legal aid or access to justice (32.7%; see Annex, Table 1). Only one respondent reported that they did not provide services directly.

We asked respondents separately about providing general protection and serving different populations—29 of 147 (19.7%) stated they serve children and provide general protection as part of their services. 108 respondents (73.5%) reported that among the populations that they served were children (young children, young adolescents, and/or older adolescents, as well as children with disabilities).

The respondents also listed the location or locations in which their organizations work, which was mapped on the figure below (see Figure 2). The highest proportion of respondents reported that their organization worked in northern Ukraine (36%, n= 53), followed by southern Ukraine (16%, n=24), western Ukraine (15%, n=22), central Ukraine (13%, n=20), and eastern Ukraine (3%, n=5). Twelve respondents (8%) reported that their organization worked nationally and 13 (9%) reported that their organization worked in multiple oblasts (districts).

Figure 2. Service Delivery Location of Respondent Organizations, Ukraine, July and August 2023



Sexual Violence Against Men and Boys in Ukraine

The questionnaire assessed a variety of information on SV against men and boys: contexts in which SV occurs, systems of support, and barriers to access. These results were then analyzed by both the sector of the respondent's organization and whether they or their organization had assisted male SV survivors since the 2022 crisis began. The results are presented, by variable, below.

Assisting Male Survivors in the Crisis

The questionnaire asked if the respondent had assisted male survivors of SV since the crisis began in February 2022—26% (n=38) responded "yes," and the rest of the sample responded "no." By sector, only 29% of GBV sector respondents (n=30) and 19% of non-GBV sector respondents (n=8) reported that they had assisted male survivors in the crisis. However, the differences between the sector responses on assisting male survivors was not statistically significant.

Table 1. Respondents who assisted male survivors since the crisis began in February 2022, by sector (N=147)

Variable	No	Yes	p-value[3]
Assisted Male Survivors	74%	**26%**	
By Sector			0.233
GBV	71%	**29%**	
Non-GBV	81%	**19%**	

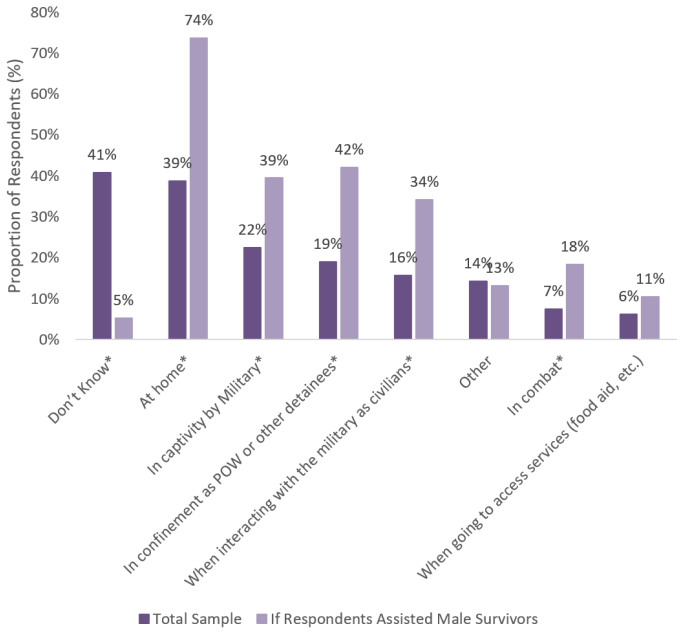
Contexts in Which Sexual Violence Occurs in Communities

When asked to select any and all contexts in which rape, SV, or sexual torture[4] occurs in the communities where respondent works, for any survivors regardless of gender, the most common response among the total sample was "don't know" (40.8% , n=60), followed by "at home" (38.8%, n=57), and "in captivity by military" (22.4%, n=33). When analyzed by respondents who assisted male SV survivors since the crisis began, the difference in responses between those who had assisted male survivors and those who had not were statistically significant for several categories. Among respondents who assisted male survivors, the most common responses for which contexts in which rape, SV, or sexual torture occurs in the communities where respondent works were "at home" (73.7%, n=28, p-value<0.001), "in confinement as prisoners of war (POW) or other detainees" (42.1%, n=16, p-value<0.001), "in captivity by military" (39.5%, n=15, p-value<0.01), and "when interacting with military as civilians" (34.2%, n=13, p-value<0.001). Other response options, such as "in combat" (18.4%, n=7, p-value<0.01) and "don't know" (5.3%, n=2, p-value<0.001) also had statistically significant differences between respondents who had assisted male survivors and those who had not (see Figure 3).

3 Significance was determined by Pearson's Chi-square tests, which estimated the probability that the response for a question would be related to either the sector that the respondent's organization belonged to, with a confidence of 95% or a p-value less than 0.05.

4 Sexual torture is not recognized as a distinct crime under international law. The term was included in the survey, but not defined, and therefore, open to interpretation by respondents. This terminology was included to account for reports from adolescent boys and adult men who may not use "rape" or "sexual violence" as terms to define their experiences. This behavioral practice of adolescent boys and adult men referring to their experiences of SV using other terms, such as "sexual torture," is documented in the existing literature on SV of adolescent boys and adult men. See P. Schulz,. Male Survivors of Wartime Sexual Violence: Perspectives from Northern Uganda (Berkeley: University of California Press). 2020. For legal definitions of crimes of torture and sexual violence please see: https://legal.un.org/ilc/texts/instruments/english/draft_articles/7_7_2019.pdf.

Figure 3. Context in Which Rape, Sexual Violence, or Sexual Torture Occurs in the Communities Where the Respondent Works, Total Sample (N= 147) and If Respondents Assisted Male Survivors Since the Crisis (n=38)

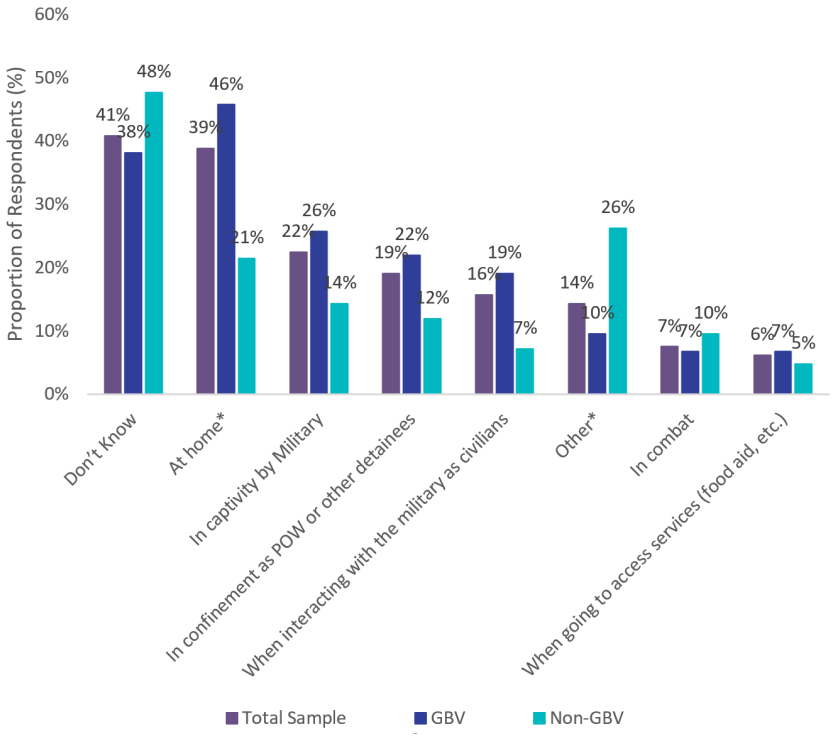


Note: * denotes variables that had statistical significance (p-value <0.05) with a Pearson's chi-square test when analyzed by whether the respondent had assisted male survivors since the crisis began (yes or no).

Some responses on the context where rape, SV, or sexual torture occurs, regardless of gender, also varied by sector, GBV and non-GBV. For GBV sector respondents, the most common responses for which contexts rape, SV, or sexual torture occurs were "at home," (46%, n=48), "don't know" (38%, n =40), and "in captivity by military" (26%, n=27). For non-GBV sector respondents, the most common responses were "don't know" (48%, n=20), "other" (26%, n=11), and "at home" (21%, n=9). The differences in responses by sector were only statistically significant for two categories: "at home" (p-value<0.01) and "other" (p-value<0.01; see Figure 4).

It is important to note in interpreting these findings that respondents were not asked this question specifically for male or female survivors. Given that domestic violence is an issue for women and girls in Ukraine, and has been exacerbated by the conflict, it is expected that GBV service providers would most commonly respond that rape, SV, or sexual torture occurs at home.

Figure 4. Context in Which Rape, Sexual Violence, or Sexual Torture Occurs in the Communities Where the Respondent Works, by Sector, GBV vs. Non-GBV (N=147)

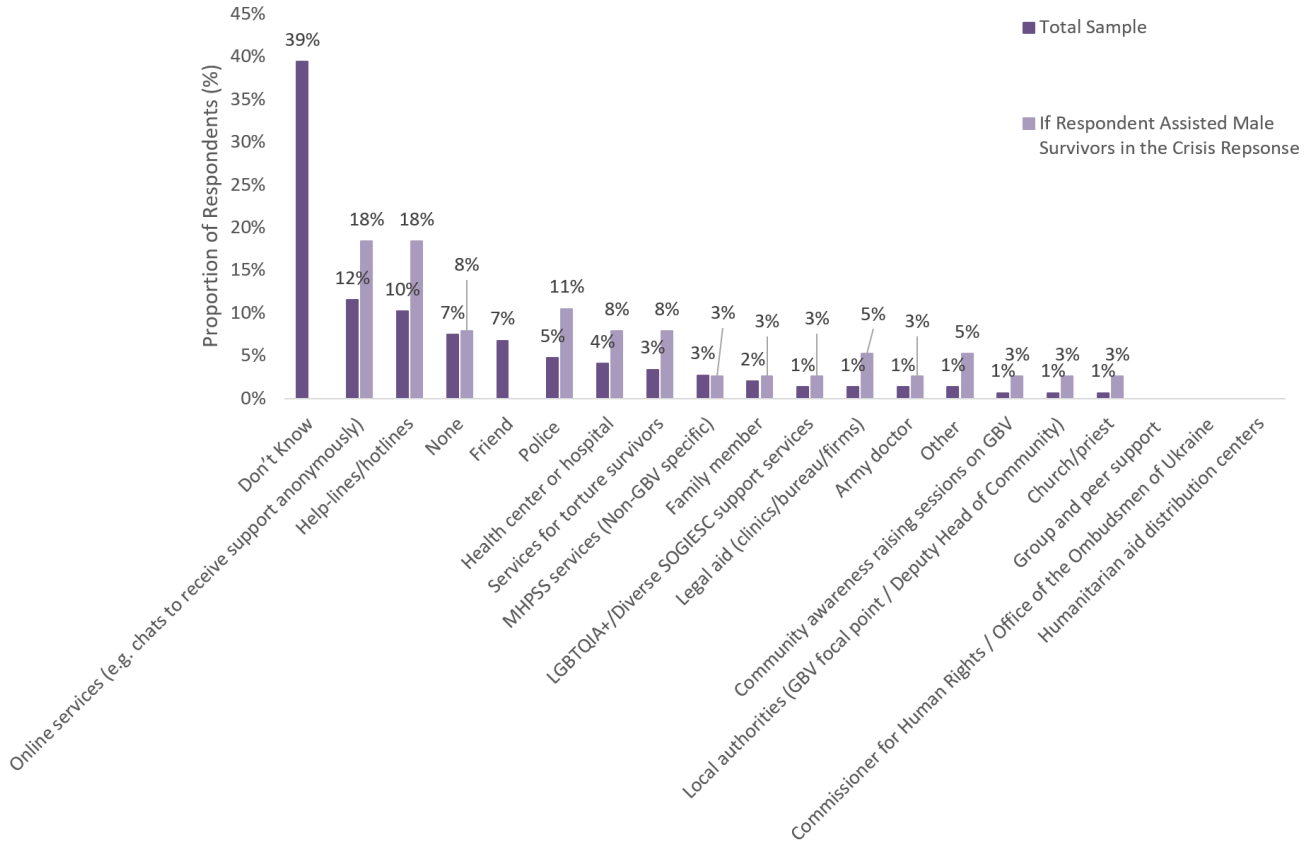


Note: * denotes variables that had statistical significance (p-value <0.05) with a Pearson's chi-square test when analyzed by whether the respondent had assisted male survivors since the crisis began (yes or no).

Who Adult Men and Adolescent Boys Survivors of Sexual Violence Go to for Help

Respondents were also asked about who adult men and adolescent boys go to for help if they have experienced SV or sexual torture (see Figure 5). Respondents most often reported "don't know" (39%, n=58), followed by online services (e.g., chats to anonymously report; 12%, n=17) and helplines or hotlines (10%, n=15). These responses were then analyzed by whether the respondent had assisted male survivors since the 2022 crisis. Among respondents who had assisted male survivors, the most common responses were online services (18%, n=7), helplines or hotlines (18%, n=7), and the police (11%, n=4). The differences in these responses between respondents who had assisted male survivors since the crisis, and those who had not was statistically significant (p-value<0.001).

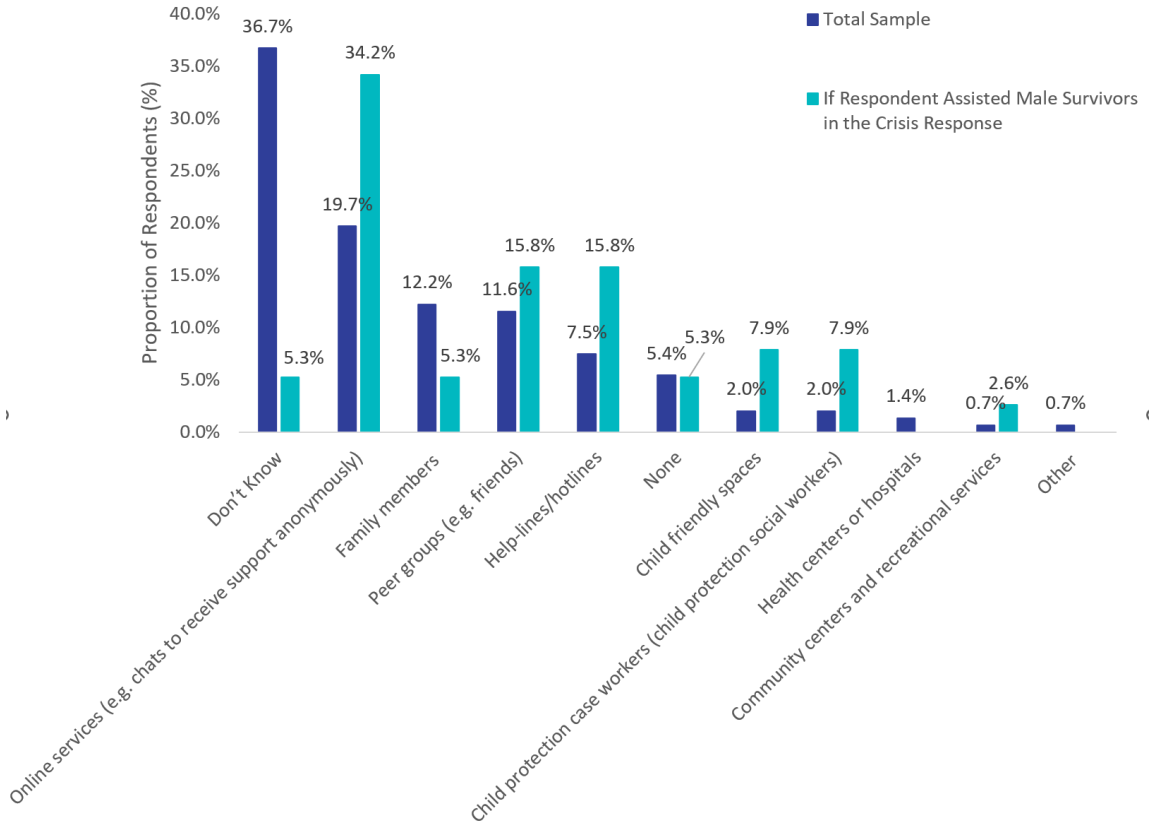
Figure 5. Who Adult Men Go to for Help, Total Sample (N = 147) and Respondents who Assisted Male Survivors (N=38).



Note: Pearson's chi-square test resulted in p-value<0.001 when analyzed by whether the respondent had assisted male survivors since the crisis began (yes or no).

When asked about who adolescent boys go to for help for SV among the total sample, respondents most often also reported "don't know" (36.7%, n=54), followed by online services (e.g., chats to anonymously report; 19.7%, n=29), family members (12.2%, n=18), and peer groups (11.6%, n=17; see Figure 6). These responses were then analyzed by whether the respondent had assisted male survivors in the 2022 crisis, as well. Among respondents who had assisted male survivors since the crisis, the most common responses to whom adolescent boys go to for help for SV were online services (34.2%, n=13), helplines or hotlines (15.8%, n=6), and peer groups (15.8%, n=6). The differences in these responses between respondents who had assisted male survivors since the crisis, and those who had not was also statistically significant (p-value<0.001).

Figure 6. Who Adolescent Boys go to for Help, Total Sample (N = 147) and Respondents Who Assisted Male Survivors (N=38).



The responses to these questions were also disaggregated by GBV and non-GBV sector (see Figures 7 and 8). For the question on who adult men go to for help for SV, nearly half (n=20) of non-GBV sector respondents selected "don't know" in comparison to 36% (n=38) of GBV sector respondents. "Don't know" was the most popular selections across both sectors. For non-GBV sector respondents, the most common responses following "don't know" were "none" at 14% (n=6) and "police" at 10% (n=4). For GBV sector respondents, the most common responses following "don't know" were "online services" and "helplines/hotlines" both at 13% (n=14). The differences in proportions of the responses between GBV and non-GBV sector respondents were not statistically significant, however.

For the question on who adolescent boys go to for help for SV, the differences in proportional response were statistically significant by sector (p-value<0.05). Similar to the question for adult men, the most common response to this question for both GBV and non-GBV sector respondents was "don't know," 39% (n=41) and 31% (n=13), respectively. For GBV sector respondents, the most common responses following "don't know" were "online services" at 22% (n=23), then "family members," "peer groups," and "helplines/hotlines," each at 10% (n=10). For non-GBV sector respondents, the most common responses following "don't know" were "family member" at 19% (n=8), then "online services" and "none," each at 14% (n=6).

Figure 7. Who Adult Men Go to for Help, by GBV and Non-GBV Sector (N=147)

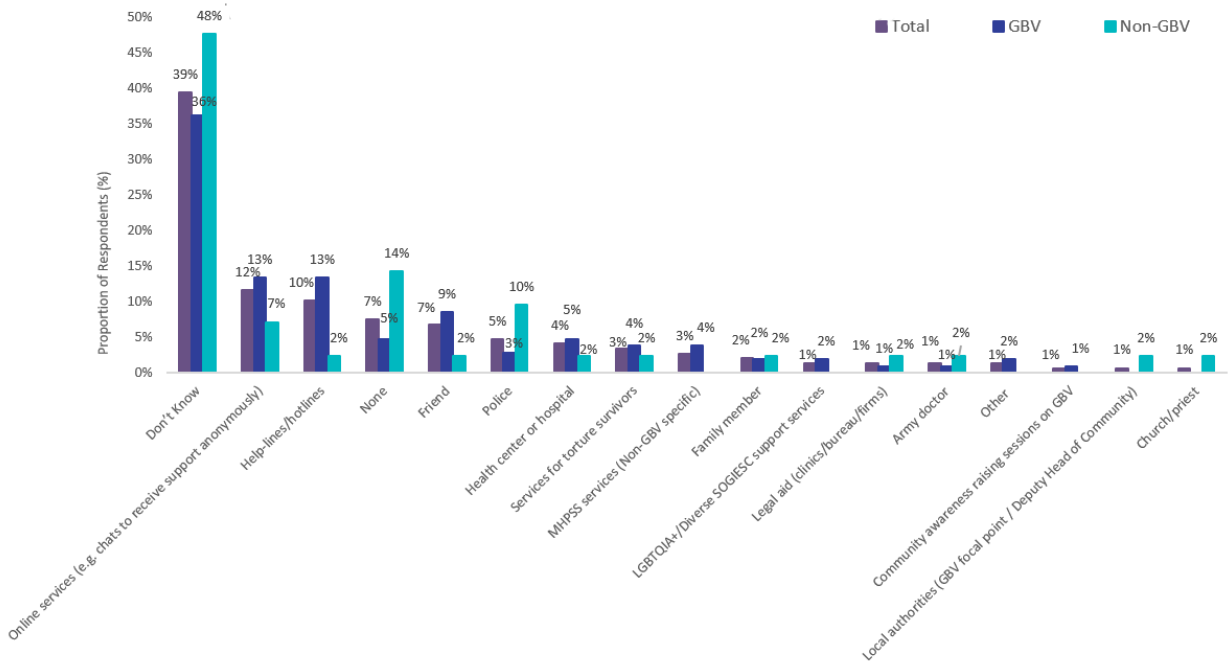
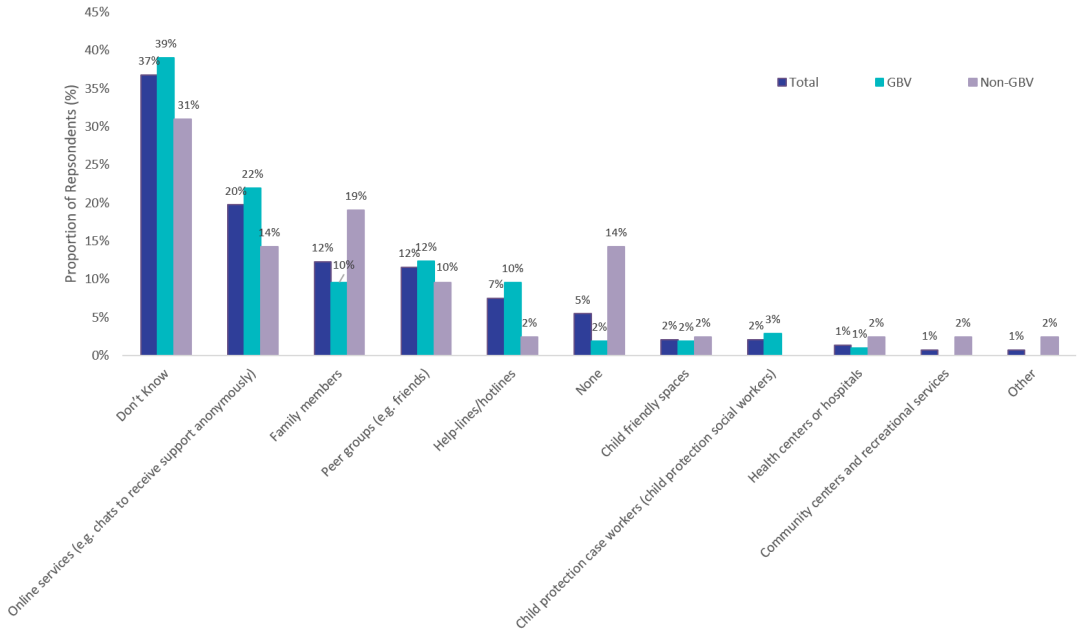


Figure 8. Who Adolescent Boys Go to for Help, by GBV and Non-GBV Sector (N=147)

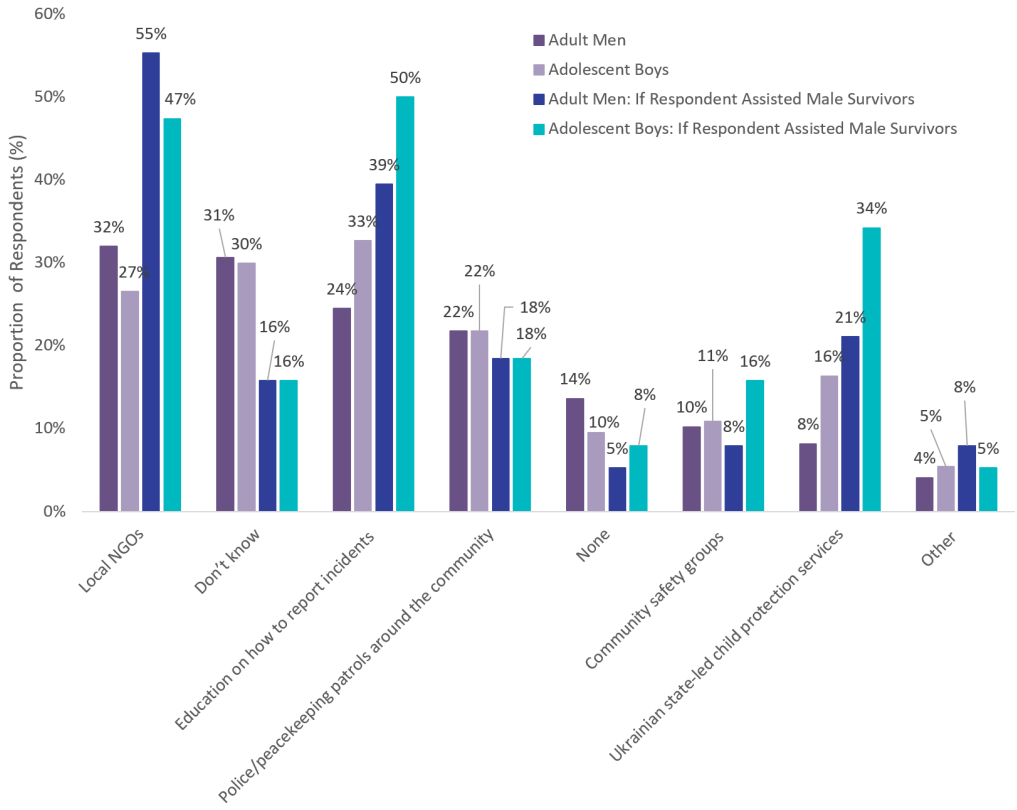


Safety Measures for Adult Men and Adolescent Boys

The questionnaire asked respondents about safety measures put in place to minimize risk for SV for both adult men and boys (see Figure 9). On safety measures for adult men, among the total sample, the most common responses were local NGOs (32%, n=47), "don't know" (31%, n=45), education on how to report incidents (25%, n =36), and police or peacekeeping patrols (22%, n=32). For adolescent boys, among the total sample, the most common responses were education on how to report incidents (33%, n=48), "don't know" (30%, n=44), local NGOs (27%, n=39), and police or peacekeeping patrols (22%, n=32).

These responses were analyzed by whether respondents had assisted male survivors since the crisis (see Figure 9). Among respondents who reported that they had assisted male survivors, on safety measures for adult men, the most common responses were local NGOs (55%, n=21), education on how to report incidents (39%, n=15), Ukrainian state-led child protective services (21%, n=8), and police or peacekeeping patrols (18%, n=7). Among this sub-sample, on safety measures for adolescent boys, the most common responses were education on how to report incidents (50%, n=19), local NGOs (48%, n=18), Ukrainian state-led child protective services (34%, n=13), and police or peacekeeping patrols (18%, n=7). The least common response among respondents who assisted male survivors since the crisis was "don't know" (16%, n=6) for both adult men and adolescent boys.

Figure 9. Safety Measures to Minimize SV Risk for Adult Men and Adolescent Boys, Total Sample (N = 147) and Respondents Who Assisted Male Survivors (N=38).



Access to Services

Shelters or safe spaces, and Clinical Management of Rape Services

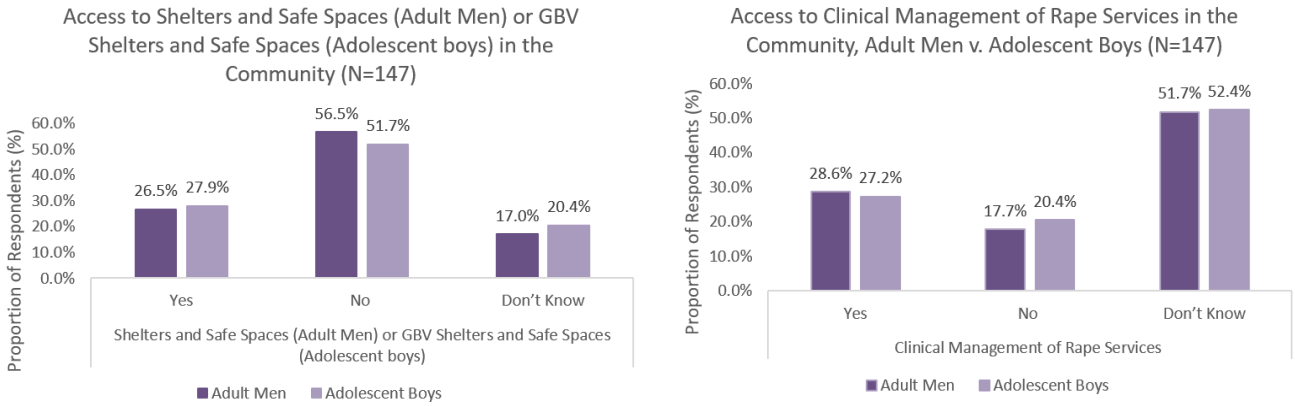
Respondents were asked about access to shelters and safe spaces, such as crisis accommodations, for adult men and GBV shelters or safe places for adolescent boys in the communities they work in (see Figure 10). Among the total sample, a majority of respondents reported "no" when asked if there were shelters or safe places for both adult men and adolescent boys in the communities they work in, 56% (n=83) and 52% (n=76), respectively; 27% (n=39) reported "yes" for adult men, and 28% (n=41) reported "yes" for adolescent boys. The remainder of respondents reported "don't know,"17% (n=25) and 20% (n=30) respectively.

When disaggregated by whether respondents reported assisting male survivors since the crisis began, the differences in responses on access to shelters and safe spaces for adolescent boys was statistically significant (p-value<0.05). Among respondents who had assisted male survivors,

42% (n=16) reported "yes" that adolescent boys had access to shelters and safe spaces in the communities that they work in; 34% (n=13) reported "no" and 24% (n=9) reported "don't know." No other bivariate analyses for these variables were statistically significant.

Respondents were also asked about access to clinical management of rape (CMR) services for both adult men and adolescent boys (see Figure 10). When asked if adult men or adolescent boys had access to CMR services, a majority of respondents reported "don't know," 52% (n=76,77) for both groups; 29% (n=42) reported "yes" for adult men and 27% (n=40) for adolescent boys. The remainder of respondents reported "no," 18% (n=26) and 20% (n=30) respectively. For these variables, the differences in responses by sector or whether respondents assisted male survivors were not statistically significant.

Figure 10. Access to Services - Shelters and Safe Spaces and Clinical Management of Rape Services for Adult Men and Adolescent Boys (N=147).



Psychological and/or Social Support Services

Respondents were asked if there were psychological and/or social support services for adult and adolescent male survivors in the communities they work in. Across the total sample, 48% (n=70) of respondents reported that there were psychological and/or social support services in their communities for adult male survivors, and 45% (n=66) reported the same for adolescent boy survivors. When disaggregated by whether respondents assisted male survivors since the crisis, more than half of the respondents who had assisted male survivors reported that there were psychological and/or social support services available for adolescent boys (63%, n=24, p-value <0.05).

When asked to specify the types of psychological and/or social support services that were available for adult men survivors, the most common responses from respondents were GBV helplines or hotlines (67%, n=47), mental health referrals (61%, n=43), and case management (60%, n=42; see Figure 11). When asked the same for adolescent boy survivors, the most common responses from respondents were GBV helplines or hotlines (64%, n=42), mental health referrals (59%, n=59), state child protection services (56%, n=37), and survivor case management (55%, n=36) (see Figure 12).

Across the response options for adolescent boys, two categories had differences in responses that were statistically significant (see Figure 12). The first was online services; 42% of respondents who assisted male survivors (n=16) reported that the service was available to adolescent boys in the communities where they work in, which was much higher than what was reported in the total sample, 27% (p-value<0.05). The second was drop-in centers; 33% of respondents who assisted male survivors reported that the service was available to adolescent boys (n=13), as compared to 20% in the total sample (p-value<0.05).

Figure 11. Access to Services – Psychological and/or Social Support Services for Adult Men (N=70)

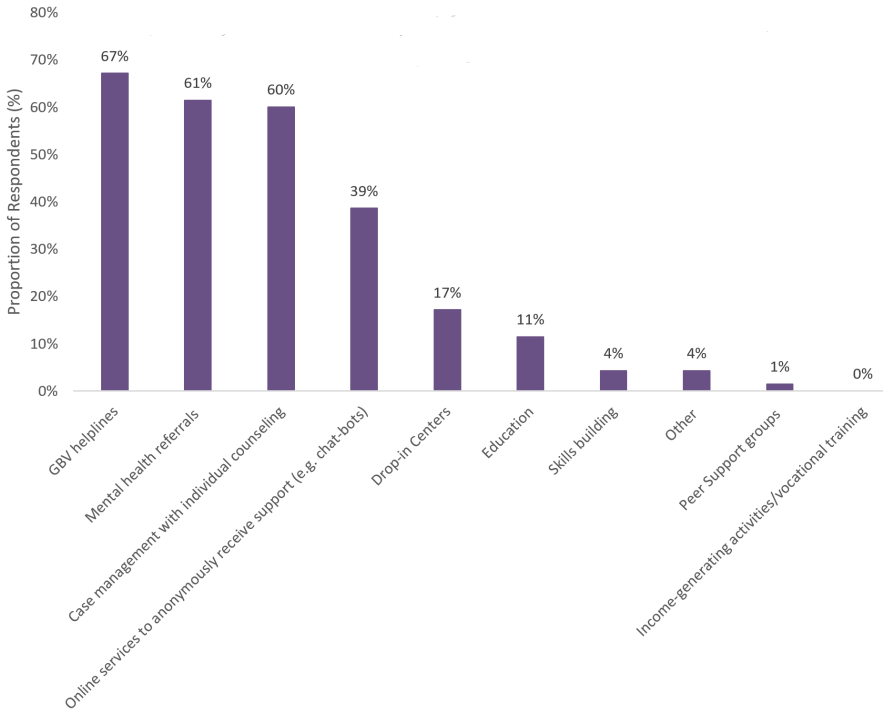
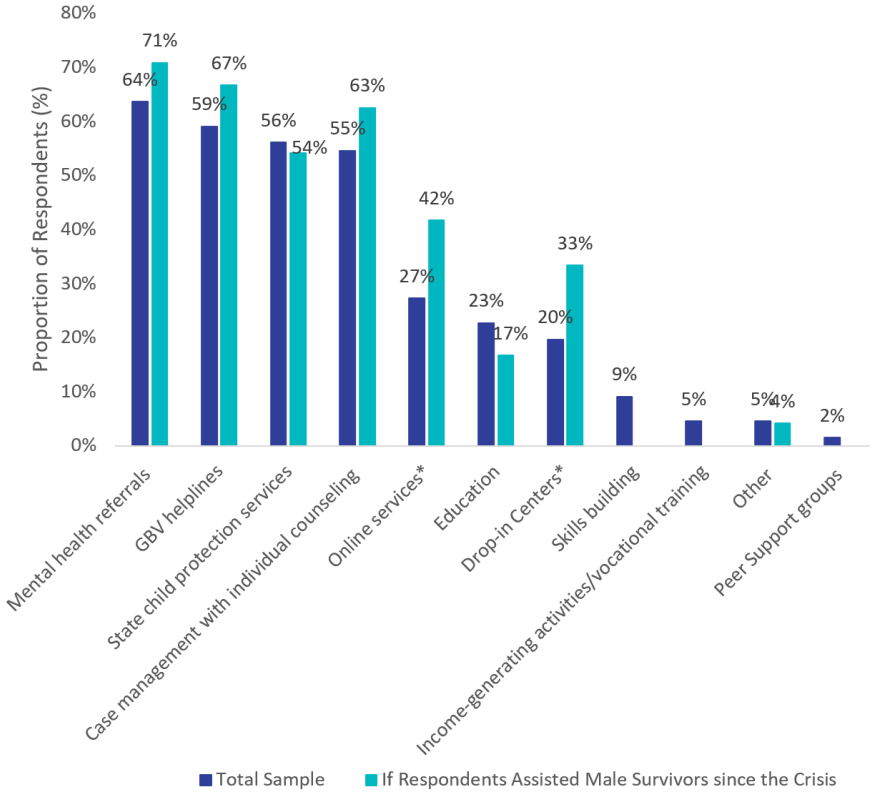


Figure 12. Access to Services – Psychological and/or Social Support Services for Adolescent Boys (N=70, Respondents Who Assisted Male Survivors, N=24)



Note: * denotes variables that had statistical significance (p-value <0.05) with a Pearson's chi-square test when analyzed by whether the respondent had assisted male survivors since the crisis began (yes or no).

Among respondents who reported that there was access to psychosocial support services for adult men (n=70), there were large differences in responses between the GBV and non-GBV sector respondents for two categories: GBV helplines and online services. 73% of GBV sector respondents (n=38) reported that adult men had access to GBV helplines in their communities, whereas 50% of non-GBV sector respondents (n=9) reported the same. Similarly, 46% of GBV sector respondents (n=24) reported adult men had access to online services in their communities, as compared to 17% of non-GBV sector respondents (n=3) who reported the same. This differences by sector in reported access to online services for adult men was statistically significant (p-value<0.05).

A similar pattern emerges among this list of questions geared toward adolescent boys, where GBV sectors reported in higher proportions access to GBV helplines (66%, n=31), online services (36%, n=17), and case management services (62%, n=29) in comparison to non-GBV sector (42%, n=8; 5%, n=1; and 37%, n=7, respectively). Again, the differences by sector in reported access to online services for adolescent boys was statistically significant (p-value<0.05).

Table 2. Access to Services – Psychological or Social Support Services for Adult Men, by Sector (N=70)

Access to Psychosocial Support Services for Adult Men	GBV (n=52)	Non-GBV (n=18)	p-value
GBV Helplines	73%	50%	0.072
Online Services	46%	17%	**0.027**
Access to Psychosocial Support Services for Adolescent Boys	**GBV (n=52)**	**Non-GBV (n=18)**	**p-value**
GBV Helplines	66%	42%	0.074
Online Services	36%	5%	**0.011**
Case Management Services	62%	37%	0.066

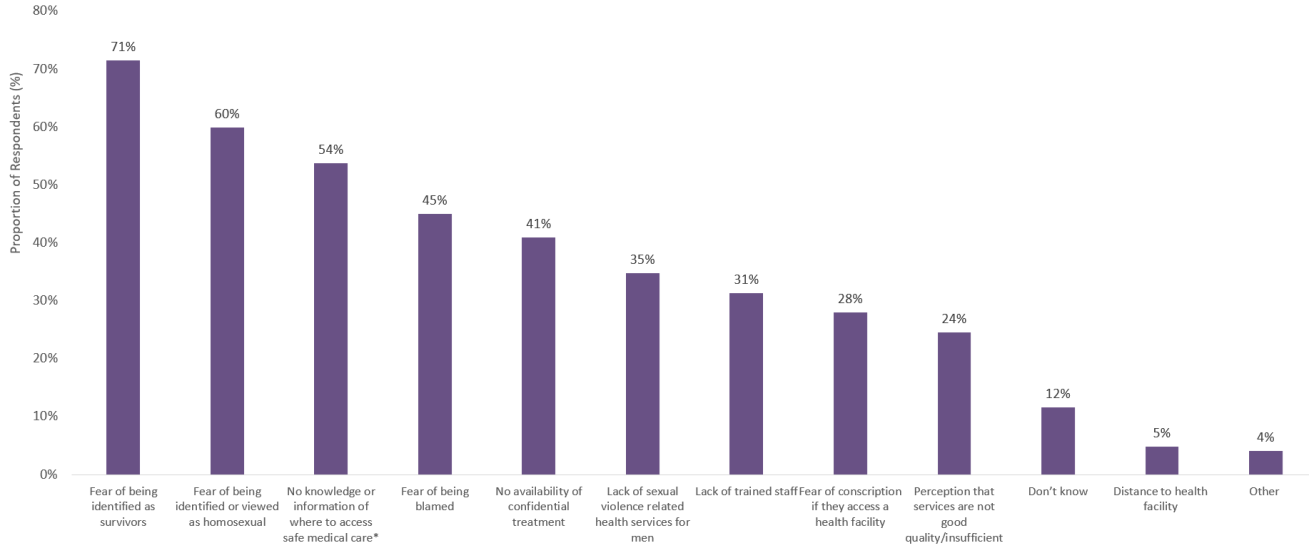
Referral Systems among Health Providers and Organizations

The questionnaire asked respondents if there were functional and safe referral systems among health providers and organizations providing psychological or social support to men and adolescent boys. Across the total sample, 49% of respondents responded "yes" to this question. However, the differences in response by respondent's sector were statistically significant (p-value<0.05): 44% of GBV sector respondents (n=46) reported access to functional and safe referral systems, whereas non-GBV sector respondents reported access at a much higher proportion, 62% (n=26).

Barriers to Accessing Services for Adult Men and Adolescent Boys

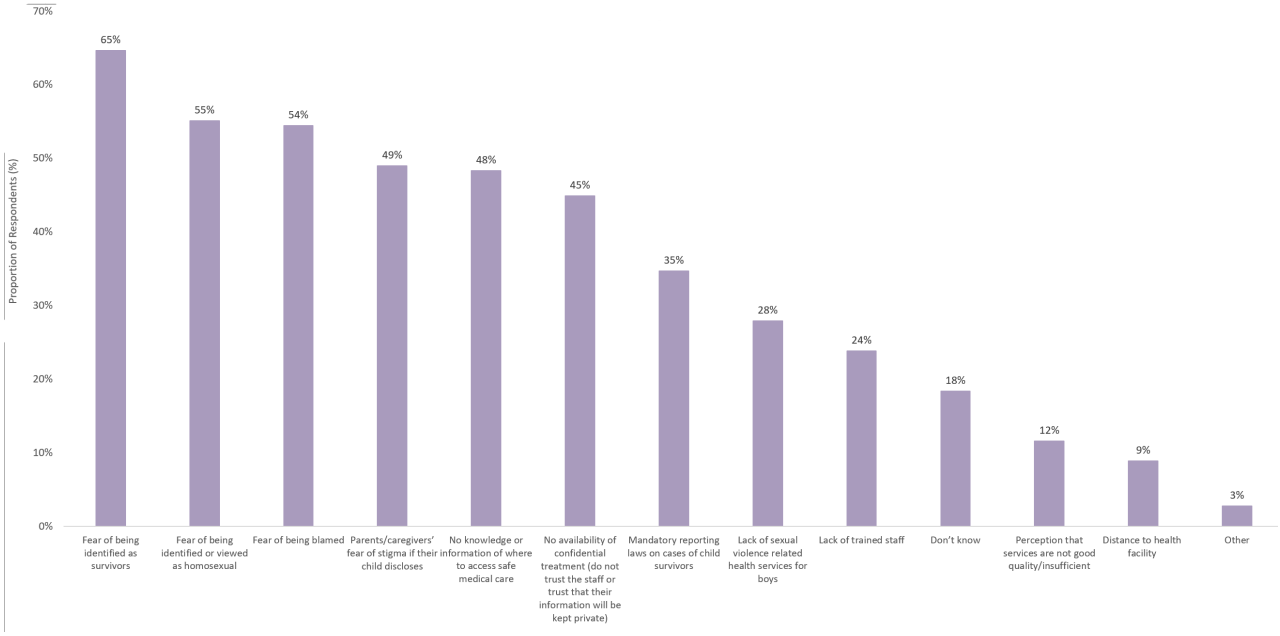
Respondents were also asked about reasons adult male and adolescent boy survivors may not be able to access health or psychosocial support services in the communities where they work. The analysis for these questions were not disaggregated by whether respondents or their organizations had assisted male survivors in the crisis, or by respondent's sector, as the results between the groups and the trends overall were very similar to the results of the total sample and were not statistically significant in difference. Among the reasons adult male survivors may not be able to access health services, the most common responses were "fear of being identified as survivors" (71%), "fear of being identified or viewed as homosexual" (60%), and "no knowledge or information of where to access safe medical care" (54%).

Figure 13. Reasons Adult Male Sexual Violence Survivors May Not Be Able to Access Health Services, Total Sample (N=147)



For adolescent male survivors, the responses to reasons they may not be able to access health services were similar to those reported for adult men (see Figure 10). The most common responses were "fear of being identified as survivors" (65%), "fear of being identified or viewed as homosexual" (55%), and "fear of being blamed (54%).

Figure 14. Reasons Adolescent Boy Sexual Violence Survivors May Not Be Able to Access Health Services, Total Sample (N=147)



Respondents were asked about reasons adult male and adolescent boy SV survivors may not be able to access psychosocial support services in their community. For adult men, the most common responses were "fear of being identified as survivors" (70%), "fear of experiencing homophobia" (52%), and "no availability of confidential support" (46%) across the total sample (see Figure 11). For adolescent boys "fear of being identified as survivors" (74%), "fear of experiencing homophobia" (54%), and "fear of being blamed" (53%) were the most common responses across the total sample (see Figure 12).

Figure 15. Reasons Adult Male Survivor May Not Be Able to Access Psychosocial Support Services, Total Sample N=147

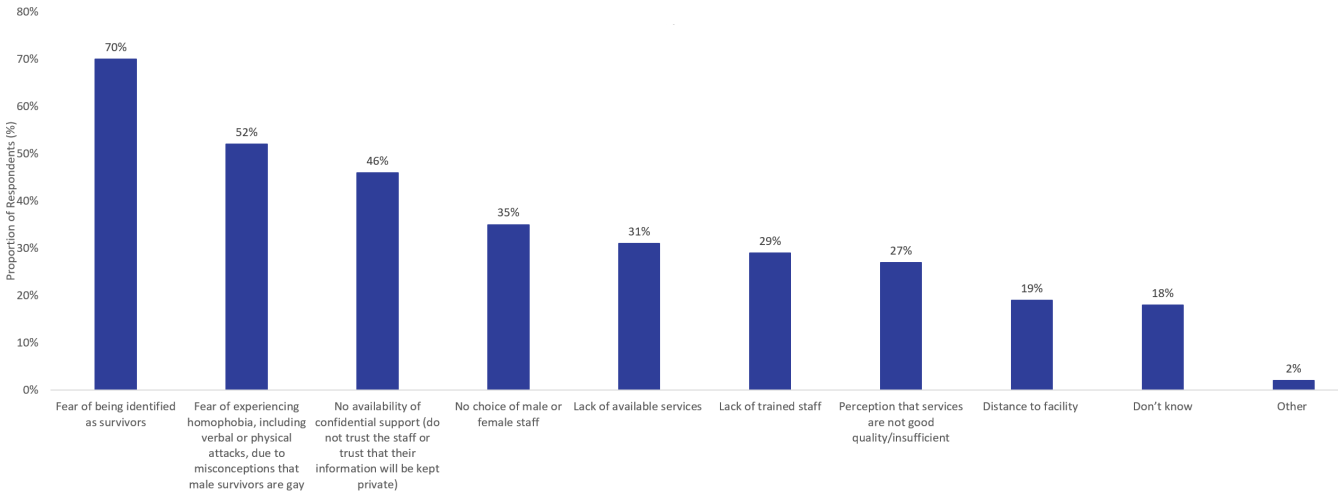
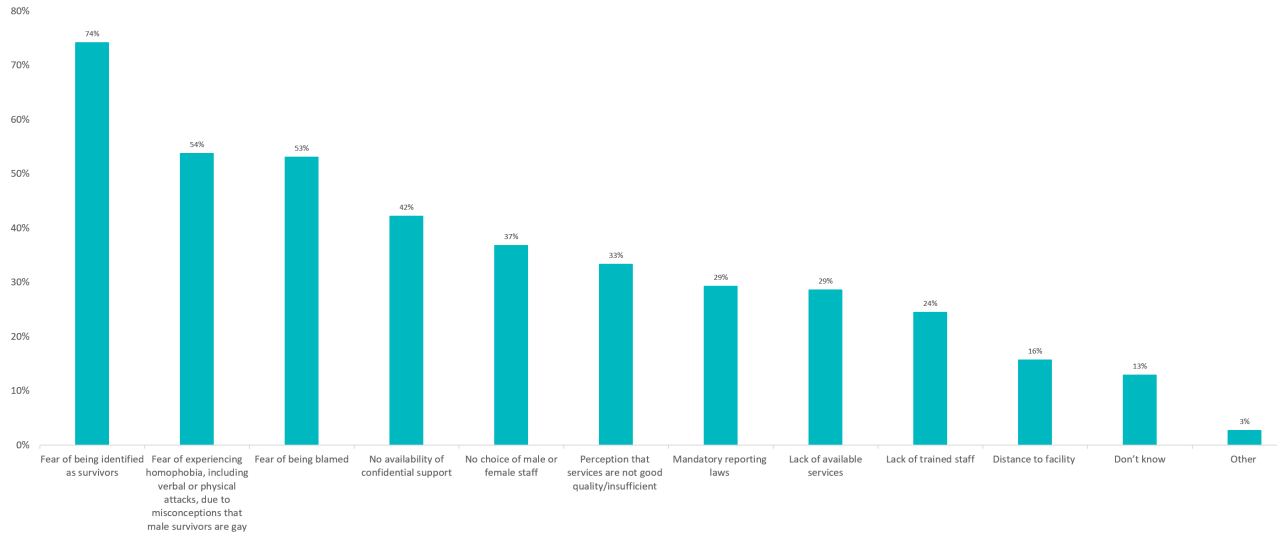


Figure 16. Reasons Adolescent Boy Survivor May Not Be Able to Access Psychosocial Support Services, Total Sample N=147



DISCUSSION

Overall, the assessment suggests that knowledge gaps exist between respondents who had assisted male survivors and those who had not. Male survivors are unlikely to access CMR services or shelters and safe spaces. Online services, helplines or hotlines, and peer support groups are key points of disclosures. Barriers to accessing services are commonly centered around fears of being identified as a survivor, of being perceived or identified as homosexual or experiencing homophobia, or of being blamed. These key findings are discussed below and accompanied by recommendations for urgent action.

Knowledge gaps among respondents who had not assisted male survivors

There were **large variances in understanding male survivors' experiences of SV**; their access to services; and existing safety measures that minimize the risk of SV among adult men and adolescent boys **depending on whether the respondent or their organization had assisted male survivors since February 2022.** Those who had not assisted male survivors since February 2022 reported large knowledge gaps. Notably, this trend was consistent among GBV actors, indicating that few GBV actors or their organizations 1) provide services to male survivors of SV; 2) are knowledgeable about the context of SV perpetrated against male survivors; 3) are knowledgeable about the services accessible to male survivors; and/or 4) are knowledgeable about the barriers that male survivors face in accessing services.

Recommendation:

- The GBV AoR WG on the Needs of Male Survivors should **collaborate with the Capacity Enhancement WG operating under the GBV AoR in Ukraine to develop and implement capacity strengthening trainings for GBV and non-GBV actors** to increase knowledge about the context of SV perpetrated against male survivors and barriers that male survivors face in accessing support to improve gender-inclusive service provision for all survivors.

Entry points for disclosure

- **Respondents who had assisted male survivors in crisis response reported that male survivors seek support from online services and peer groups and helplines/hotlines to a lesser extent. These findings suggest that male survivors prefer anonymous entry points of disclosure and care seeking**. Taken together with findings around barriers to accessing services that center on being identified as a survivor, of being perceived or identified as homosexual or experiencing homophobia, or of being blamed, male survivors require confidential, private entry points for disclosure along their care pathway. Peer support groups are among the few approaches to support crisis-affected male survivors of SV; however, additional research is needed to understand their effectiveness to improve connectedness, access to services, and well-being among crisis-affected male survivors[6] and to change their perceptions of gender and masculinities.[7]

Recommendations:

- **Actors implementing online services and helplines/hotlines for GBV survivors should ensure that their staff are trained to provide confidential, non-biased services to survivors of SV regardless of their age or gender**. Staff should be equipped with appropriate referral pathways that address the needs and priorities of all survivors.

- **Donors should support pilot projects to understand the acceptability, feasibility, and safety of interventions for male survivors in all their diversity**, such as peer support groups, to build the evidence base for effective interventions for male survivors and inform scale-up of evidence-based prevention and response programming.

- **GBV practitioners should consider implementing peer support groups for male survivors of SV** to complement specialized mental health and psychosocial support (MHPSS) services and other facility-level care. Peer support groups should be offered in safe, welcoming spaces with trained facilitators.[5]

Existing safety measures to reduce the risk of sexual violence

Overall, respondents reported that the following safety measures are in place to minimize risk for SV among adult men and adolescent boys: local NGOs; education on how to report incidents; and police or peacekeeping patrols.[6] Respondents who had assisted male survivors since February 2022 also reported Ukrainian state-led child protection services as a safety measure for adult men (21%; n=8) and adolescent boys (35%; n=13). Although approximately one-third of service providers reported that they "don't know" of any existing safety measures to reduce the risk of SV among male survivors, findings from the remaining respondents nonetheless suggest that national responses are leading SV prevention efforts for male survivors through local NGOs, police and peacekeeping patrols, and state-led child protection services.

Recommendations:

- The GBV AoR WG on the Needs of Male Survivors should **implement a service mapping and quality assessment of existing services available to prevent and respond to SV among male survivors in Ukraine, which includes GBV and non-GBV actors.** The WG should use findings from this assessment to establish appropriate, safe referral pathways for adolescent boy and adult men survivors. In collaboration with the Child Protection Sub-Cluster, the GBV AoR should train service providers, including local NGOs, police and peacekeeping patrols, and Ukrainian state-led child protection services, on these referral pathways.
- **Local NGOs, police and peacekeeping patrols, and Ukrainian state-led child protection services should be trained on considerations for working with male survivors and equipped with referral pathways for male survivors to link them to appropriate services.**
- **Donors across all sectors including governments delivering bilateral humanitarian assistance and UN-facilitated pooled funding mechanisms, should directly support GBV actors in their collaboration with local NGOs, community-led groups, police, peacekeeping patrols, the Ukrainian military, and Ukrainian state-led child protection services.** Government and INGO donors should prioritize the delivery of direct, multi-year, and flexible (unrestricted) funding to support local multi-sectoral collaborations on designing and implementing programs that aim to reduce the risk of SVs.

Access to lifesaving services

Findings suggest that **male survivors' access to lifesaving services including CMR, and shelters and safe spaces is severely limited.** Slightly over half of respondents reported that they do not know whether adult men or adolescent boys have access to CMR, illuminating a large gap in knowledge about available lifesaving response services. Based on this knowledge gap, we can infer that these actors are not referring male rape cases to CMR, or do not have knowledge about where to refer them. Less than one-third of all respondents indicated that adult men (29%) or adolescent boys (27%) have access to CMR services, which suggests that these services may exist in certain regions

5 For additional information on Peer Support Group Models designed for adolescent boy, male youth, and/including LGBTQI+ youth survivors of sexual abuse and conflict-related sexual violence, please contact Katherine Gambir at Women's Refugee Commission, katherineg@wrcommission.org.

6 According to Ukrainian law, a peacekeeping patrol is a "community formation for security of public order". Citizens of Ukraine may form a peacekeeping patrol, register it, draft a charter and assist police or border services with keeping peace. Their activities are coordinated by local, state, or municipal authorities and/or police.

of the country; however, it is not clear the extent to which these services are tailored to the needs of male survivors.

Similarly, **only about one-third (27% and 28%, respectively) of respondents reported that men or adolescent boy survivors had access to safe spaces or shelters.** Given that women- and girl-friendly safe spaces are not open to adult men, additional research is needed to understand the types and context of safe spaces and shelters that adult male survivors may be accessing.

To a greater extent, respondents indicated that adult men (48%) and adolescent boys (45%) have access to psychological or social support services. However, over half of respondents either did not know, or replied that neither group has access to psychological or social support services, suggesting a large gap in knowledge regarding the psychological and social support needs of male survivors. Perceptions regarding the existence of functional and safe referral systems among health providers and organizations providing psychological or social support to men and adolescent boys differed by respondent's sector. 44% of GBV sector respondents (n=46) reported access to functional and safe referral systems, whereas non-GBV sector respondents reported access at a much higher proportion, 62% (n=26). **These large variances between sectors in perceptions signify that service providers without GBV specialization may be overestimating the availability of functional and safe referral pathways, highlighting a need to clarify referral pathways to support men and adolescent boy survivors among GBV and non-GBV practitioners.**

Recommendations:

- **Organizations delivering CMR services should ensure that staff are trained to provide CMR services to survivors in all their diversity, including male survivors and/including people with diverse SOGIESC.** CMR services should be inclusive to male survivors where appropriate. If CMR services are offered in women-only spaces such as maternity wards, other CMR services should be available for male survivors and/including people with diverse SOGIESC to ensure safety and survivor-centered care for all survivors.
- **Organizations that provide women- and girl-friendly safe spaces should ensure that welcoming adolescent boys does not diminish the physical and psychological safety of women and girls in these spaces.** At the same time, organizations should ensure that safe spaces staff are trained to respond to the needs of adolescent boy survivors and are equipped with an appropriate referral pathway should the survivor require additional services (e.g., health, shelter, livelihoods, MPHSS, nutrition).
- **The GBV AoR Ukraine Protection Cluster Working Group on the Needs of Male Survivors should map existing quality, safe services available for adolescent boy and adult men survivors,** then collaborate with other sectors, namely Child Protection, Health, and Shelter, to **establish a functional and safe referral pathway that is inclusive of medical, health and mental-health and psycho-social support services, legal redress and access to justice.**
- **The GBV AoR should coordinate among all GBV actors in developing and implementing social outreach, public awareness campaigns, and community-focused education to provide survivors with accurate information about their legal rights to redress and justice.** These campaigns and coordinated activities should be designed together with focal points for the UN-led Monitoring and Reporting Arrangement for conflict-related sexual violence.

Barriers to accessing services

From the respondents' perspectives, the **primary barriers that male survivors face in accessing health or psychosocial support services were fear of being identified as survivors followed by fear of being identified or viewed as homosexual.** In addition, respondents shared that fear of being blamed is a primary barrier faced by adolescent boys (54%), while lack of knowledge or information of where to access safe medical care (54%) is among the primary barriers faced by adult men. **These fears reflect community norms around gender norms and homosexuality,** which is consistent with the literature around male survivors' barriers to disclosure and service seeking behavior in other settings. By accessing services, and therefore disclosing their experience of SV, they fear stigma associated with SV, which they perceive as emasculating. Due to queer-, trans-, and homophobia, male survivors—most of whom have been abused by adult men—may also fear stigma associated with assumptions that any sexual contact with a man means that the survivor is gay. Notably, adolescent boys' fear of being blamed for the violence perpetrated against them suggests that respondents do not have high confidence that the service providers are adequately trained or have the resources to deliver survivor-centered, quality services to adolescent boy survivors. Finally, **respondents' acknowledgement that lack of knowledge or information of where to access safe medical care deters adult men from seeking care highlights a need for awareness campaigns to disseminate information to all community members about the importance of seeking timely care after SV occurs, and where to access medical and psychosocial care and legal redress and justice .**

Recommendations:

- The GBV AoR WG on the Needs of Male Survivors in Ukraine should **develop a guidance note for GBV service providers that articulates concrete information about SV against men and boys in all their diversity** based on existing global guidelines for working with male survivors, the impact of SV against men and boys in all their diversity, barriers in accessing services with tailored mitigation measures, safe approaches to respond to disclosures; and frequently asked questions about working with male survivors.
- The GBV AoR WG on the Needs of Male Survivors should **develop a guidance note targeting non-GBV service providers that underpins and complements the guidance note targeted to GBV service providers, with particular focus on how to respond to disclosures of SV by male survivors and information about safe and functional referral pathways.**
- **Donors across all sectors should support GBV actors to collaborate with LGBTQI+ civil society organizations to design and launch awareness campaigns to promote gender diversity and LGBTQI+ inclusion and rights.**
- **Donors across all sectors should support GBV actors to collaborate with Ukrainian CSOs to design and launch community awareness campaigns to dismantle harmful gender norms and discriminatory practices that that perpetuate stigma around male survivorhood.**
- **Donors across all sectors should fund community engagement and social-behavioral communication and change programs and activities to prevent and respond to SV,** including the design and dissemination of information, education, and communication (IEC) materials, tailored to the specific needs of community members in all their diversity to increase community members' knowledge about the consequences of SV; the importance of seeking timely care; and where to access care and services.
- **Donors should fund survivor-centered and trauma-informed research with affected community members and Ukrainian service providers** to validate findings from this report and to identify community-grounded approaches to sexual violence risk mitigation and response for male survivors in all their diversity.

LIMITATIONS

This assessment has a few limitations. Notably, the assessment did not include the perspectives of war-affected community members, including male survivors of SV. Due to limitations around collecting information about sexual violence from community members, particularly SV survivors, in an acute crisis and in the form of a rapid assessment prior to service mapping, the assessment team included humanitarian practitioners as participants instead. Therefore, the findings represent the perspectives of humanitarian practitioners—among whom only 26% (n=38) had provided services to male survivors since the February 2022 crisis. The practitioner perspectives presented in this report may differ from the perspectives of male survivors. Second, the sample of respondents was not randomly sampled, but recruited through GBV and other service provider networks in Ukraine. Thus, the conclusions here are not entirely representative of all service providers working with male SV survivors in Ukraine. Finally, this assessment was conducted in July and August of 2023. Given the rapidly changing nature of the crisis in Ukraine, the findings outlined in this assessment may have changed by the time of publication. Despite these limitations, this is the only assessment of barriers male survivors face in accessing services and support in Ukraine, and the information gathered has important programmatic and policy implications. These findings are intended to inform the upcoming work of the WG on the Needs of Male Survivors in Ukraine and to provide more evidence upon which to build in addressing the needs of male survivors in crises, globally.

CONCLUSION

The assessment of service availability among male survivors of SV in Ukraine reinforces that all people affected by crisis—regardless of gender identity, age, or disability status—require appropriate, quality, timely services and care; however, access to services remains uneven. This analysis identifies a clear set of barriers that must be addressed to improve access to services for male survivors of SV.

The Ukrainian government, donors, and implementing agencies must prioritize appropriate, quality, and timely services for SV survivors, including men and boys, recognizing that care is lifesaving and part of the standard of care in emergencies. Specifically, they must mobilize to improve access to clinical management of rape services; address barriers for men and adolescent boys to meet their need for holistic services; conduct research to fill critical evidence gaps; and strengthen inclusive referral pathways for SV survivors in all their diversity. To address these gaps, stakeholders must invest in local partners to foster effective, efficient GBV and child protection responses and support sustainable recovery. It is critical to build the evidence base on effective GBV programming that addresses the needs and builds the resilience of all survivors of GBV regardless of age, gender, disability status, or other diversity factors.

ACRONYMS AND ABBREVIATIONS

CMR	Clinical management of rape
GBV	Gender-based violence
GBV AoR	Gender-based Violence Area of Responsibility
IAWG	Inter-Agency Working Group on Reproductive Health in Crises
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex or other diversity status or characteristic
NGO	Nongovernmental organization
POW	Prisoner of war
SOGIESC	Ssexual orientation, gender identity, gender expression, gender identity, and sex characteristics
SV	Sexual violence
UN	United Nations
WG	GBV AoR Ukraine Protection Cluster Working Group on the Needs of Male Survivors
WRC	Women's Refugee Commission

BIBLIOGRAPHY

Abrahams, N., et al. "Worldwide prevalence of non-partner sexual violence: a systematic review." *Lancet, 383(9929), 1648–1654. 10.1016/s0140-6736(13)62243-6. 2014.*

Allweiss, S., & Connelly, M. "Peer group and community-based strategies for supporting refugee mental health." In J. D. Aten & J. Hwang (Eds.), *Refugee mental health* (pp. 251–279), American Psychological Association. https://doi.org/10.1037/0000226-010. 2021.

Carmen H. et al. "Sexual violence stigma experiences among refugee adolescents and youth in Bidi Bidi refugee settlement, Uganda: Qualitative insights informed by the stigma power process framework." *SSM - Mental Health, Volume 4,2023, 100242,ISSN 2666-5603,* https://doi.org/10.1016/j.ssmmh.2023.100242.

Chynoweth, S. K., et al. "Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study." *Journal of Interpersonal Violence, 37(9-10), NP7470-NP7501.* https://doi.org/10.1177/0886260520967132. 2022.

Chynoweth, Sarah K. "We Have a Broken Heart": Sexual Violence against Refugees in Nairobi and Mombasa, Kenya: The Experiences of Congolese, Somali, and South Sudanese Men, Boys, and Trans Women. Geneva: Women's Refugee Commission. Accessed July 4, 2022. https://reliefweb.int/report/kenya/we-have-broken-heart-sexual-violence-against-refugees-nairobi-and-mombasa-kenya. [Google Scholar] 2019b.

Chynoweth, Sarah K., Julie Freccero & Heleen Touquet. "Sexual violence against men and boys in conflict and forced displacement: implications for the health sector." *Reproductive Health Matters, 25:51, 90-94, DOI: 10.1080/09688080.2017.1401895. 2017.*

Daigle, Megan, and Henri Myrttinen. "Bringing Diverse Sexual Orientation and Gender Identity (SOGI) into Peacebuilding Policy and Practice." *Gender & Development 26* (1): 103–120. [Taylor & Francis Online], [Google Scholar] 2018.

Edström, Jerker, and Chris Dolan. "Breaking the Spell of Silence: Collective Healing as Activism among Refugee Male Survivors of Sexual Violence in Uganda." *Journal of Refugee Studies* 32 (2): 175–196. 2019.

Edström, Jerker, Chris Dolan, and Thea Shahrokh, with Onen David. *Therapeutic Activism: Men of Hope Refugee Association Uganda Breaking the Silence over Male Rape in Conflict-Related Sexual Violence. IDS Evidence Report 182.* Brighton: Institute for Development Studies. https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/9995. 2016.

Garcia-Moreno C. et al. "Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence." *Lancet, 368(9543), 1260–1269. 10.1016/s0140-6736(06)69523-8. 2006.*

Graham-Harrison, Emma. "Men and Boys among Alleged Rape Victims of Russian Soldiers in Ukraine." *The Guardian.* May 3, 2022.

HRW (Human Rights Watch). *"They Treated Us in Monstrous Ways": Sexual Violence against Men, Boys, and Transgender Women in the Syrian Conflict.* New York: Human Rights Watch. https://www.hrw.org/report/2020/07/29/they-treated-us-monstrous-ways/sexual-violence-against-men-boys-and-transgender. [Google Scholar] 2020.

"Independent International Commission of Inquiry on Ukraine." OHCHR. https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/coiukraine/A-78-540-AEV.pdf. 2023.

Insecurity Insights. "Sexual Violence and the Ukraine Conflict: April 2022." Switzerland. https://insecurityinsight.org/wp-content/uploads/2022/04/Ukraine-Rape-As-A-Weapon-of-War-April-2022.pdf. 2022.

International Feminist Journal of Politics, VOL. 25, NO. 3, 393–413. https://doi.org/10.1080/14616742.2022.2107555. https://www.tandfonline.com/doi/full/10.1080/14616742.2022.2107555. 2023.

IOM Global Data Institute: Displacement Tracking Matrix. "General Population Survey - Round 14: SnapshotReport." https://dtm.iom.int/reports/ukraine-general-population-survey-round-14-snapshot-report-population-figures-and. 2023.

Myrttinen, Henri, and Philipp Schulz. 2022. "Broadening the Scope but Reasserting Male Privilege? Potential Patriarchal Pitfalls of Inclusive Approaches to Gender-Based Violence." *International Feminist Journal of Politics 25 (2): 1–21.* https://doi.org/10.1080/14616742.2022.2107555.

Nassar, Amal, Dr Kateryna Busol, and Alexa Sydor-Czartorysky. *Review of Ukraine Study on the Status of and Opportunities for Reparations for Survivors of Conflict-Related Sexual Violence.* Global Survivors Fund, Blue Bird, The Eastern-Ukrainian Center for Civic Initiatives (EUCCI), Truth Hounds. https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2022/07/report/ukraine-study-on-the-status-of-and-opportunities-for-reparations-for-survivors-of-conflict-related-sexual-violence/GSFUkraineEng.pdf. 2022.

Onyut, L. P., et al. "Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement." *BMC psychiatry, 5(1), 1- 9. 2005.*

Schulz, P. *Male Survivors of Wartime Sexual Violence: Perspectives from Northern Uganda* (Berkeley: University of California Press). 2020.

Schulz, P. and H. Touquet, "Queering Explanatory Frameworks for Wartime Sexual Violence against Men." *International Affairs,* 96:5, 1–20, doi: 10.1093/ia/iiaa062. 2020.

Touquet, Heleen et al. "From 'It Rarely Happens' to 'It's Worse for Men.'" *Journal of Humanitarian Affairs 2,* no. 3 (2020): 25–34. https://doi.org/10.7227/jha.049. 2000.

UNICEF. *"Including children with disabilities in humanitarian action – General Guidance."* 2017.

UN Women. *Global Database on Violence against Women: Ukraine.* https://evaw-global-database.unwomen.org/pt/countries/europe/ukraine. 2023.

Uygun E. et al. STRENGTHS consortium. "Protocol for a randomized controlled trial: peer-to-peer Group Problem Management Plus (PM+) for adult Syrian refugees in Turkey." *Trials.* 2020 Mar 20;21(1):283. doi: 10.1186/s13063-020-4166-x. PMID: 32192539; PMCID: PMC7082999. 2020.

Wamsley, Laurel. *"Rape Has Reportedly Become a Weapon in Ukraine. Finding Justice May Be Difficult."* NPR, April 30, 2022, sec. Ukraine invasion_ explained. https://www.npr.org/2022/04/30/1093339262/ukraine-russia-rape-war-crimes. 2022.

ANNEX 1: ADDITIONAL DATA TABLES AND FIGURES

Table 1. Descriptive Variables for Sample (N = 147), Service Providers in Ukraine, July and Aug 2023

Variable	% (N=147)
Populations Served (All that Apply)	
Adult women (18- 59)	89.8%
Adult men (18-59)	88.4%
Older women (60+)	81.0%
Older men (60+)	76.2%
Men living with disabilities	76.2%
Women living with disabilities	74.8%
Older adolescent girls (15-17)	70.7%
Older adolescent boys (15-17)	66.0%
Young adolescent girls (10-14)	62.6%
Young adolescent boys (10-14)	61.2%
Children and/or adolescents living with disabilities	59.2%
Children (1-9 years)	57.8%
Organization Services (All that Apply)	
Information/counseling	77.6%
Psychosocial support	75.5%
Referrals to GBV services	58.5%
Case management	36.1%
Help-lines/hotlines	34.0%
Legal aid/access to justice	32.7%
General protection	26.5%
Group and peer support models	25.2%
Livelihoods/vocational training	14.3%
Shelter	13.6%
Safe spaces	12.9%
Medical care, including clinical management of rape and sexual assault	6.8%
Other	5.4%
Security (police)	2.7%

ENDNOTES

1 N. Abrahams et al., (2014). Worldwide prevalence of non-partner sexual violence: a systematic review. Lancet, 383(9929), 1648–1654. 10.1016/s0140-6736(13)62243-6. C. Garcia-Moreno C, et al. (2006), "Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence," Lancet, 368(9543), 1260–1269. 10.1016/s0140-6736(06)69523-8.

2 S. K. Chynoweth, et al. (2022), "Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study," Journal of Interpersonal Violence, 37(9-10), NP7470-NP7501. https://doi.org/10.1177/0886260520967132. Sarah K Chynoweth, Julie Freccero, and Heleen Touquet (2017), "Sexual violence against men and boys in conflict and forced displacement: implications for the health sector," Reproductive Health Matters, 25:51, 90-94, DOI: 10.1080/09688080.2017.1401895. P. Schulz, and H. Touquet (2020), "Queering Explanatory Frameworks for Wartime Sexual Violence against Men," International Affairs, 96:5, 1–20, doi: 10.1093/ia/iiaa062. P. Schulz (2020), Male Survivors of Wartime Sexual Violence: Perspectives from Northern Uganda (Berkeley: University of California Press).

3 E. J. Alessi, et al . (2021), "A Scoping Review of the Experiences of Violence and Abuse Among Sexual and Gender Minority Migrants Across the Migration Trajectory," Trauma, violence & abuse, 22(5), 1339–1355. https://doi.org/10.1177/15248380211043892. HRW (Human Rights Watch) (2020), "They Treated Us in Monstrous Ways": Sexual Violence against Men, Boys, and Transgender Women in the Syrian Conflict, New York: Human Rights Watch. https://www.hrw.org/report/2020/07/29/they-treated-us-monstrous-ways/sexual-violence-against-men-boys-and-transgender. [Google Scholar]. Sarah K. Chynoweth (2019b), "We Have a Broken Heart": Sexual Violence against Refugees in Nairobi and Mombasa, Kenya: The Experiences of Congolese, Somali, and South Sudanese Men, Boys, and Trans Women. Geneva: Women's Refugee Commission. https://reliefweb.int/report/kenya/we-have-broken-heart-sexual-violence-against-refugees-nairobi-and-mombasa-kenya. [Google Scholar]. Megan Daigle and Henri Myrttinen (2018), "Bringing Diverse Sexual Orientation and Gender Identity (SOGI) into Peacebuilding Policy and Practice," Gender & Development 26 (1): 103–120. [Taylor & Francis Online], [Google Scholar]

4 UNICEF. (2017), "Including children with disabilities in humanitarian action – General Guidance," 2017.

5 Emma Graham-Harrison (2022), "Men and Boys among Alleged Rape Victims of Russian Soldiers in Ukraine," The Guardian, May 3, 2022. https://www.theguardian.com/world/2022/may/03/men-and-boys-among-alleged-victims-by-russian-soldiers-in-ukraine. Laurel Wamsley (2022), "Rape Has Reportedly Become a Weapon in Ukraine. Finding Justice May Be Difficult," NPR, April 30, 2022, sec. Ukraine invasion_explained. https://www.npr.org/2022/04/30/1093339262/ukraine-russia-rape-war-crimes. "Independent International Commission of Inquiry on Ukraine" (2023), OHCHR. https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/coiukraine/A-78-540-AEV.pdf. Insecurity Insights (2022), "Sexual Violence and the Ukraine Conflict: April 2022." Switzerland. https://insecurityinsight.org/wp-content/uploads/2022/04/Ukraine-Rape-As-A-Weapon-of-War-April-2022.pdf.

6 E. Uygunet al., STRENGTHS consortium, Protocol for a randomized controlled trial: peer-to-peer Group Problem Management Plus (PM+) for adult Syrian refugees in Turkey. Trials (2020), Mar 20;21(1):283. doi: 10.1186/s13063-020-4166-x. PMID: 32192539; PMCID: PMC7082999. A. Allweiss and M. Connelly (2021), "Peer group and community-based strategies for supporting refugee mental health," in J. D. Aten & J. Hwang (Eds.), Refugee mental health (pp. 251–279), American Psychological Association. https://doi.org/10.1037/0000226-010. L. P. Onyutet al. (2005), "Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder:Two case reports and a pilot study in an African refugee settlement," BMC psychiatry, 5(1), 1- 9. Jerker Edström, Chris Dolan, and Thea Shahrokh, with Onen David (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: Institute for Development Studies. https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/9995. Jerker Edström and Chris Dolan (2019), "Breaking the Spell of Silence: Collective Healing as Activism among Refugee Male Survivors of Sexual Violence in Uganda," Journal of Refugee Studies 32 (2): 175–196.

7 International Feminist Journal of Politics (2023), VOL. 25, NO. 3, 393–413. https://doi.org/10.1080/14616742.2022.2107555. Myrttinen, Henri, and Philipp Schulz. 2022. "Broadening the Scope but Reasserting Male Privilege? Potential Patriarchal Pitfalls of Inclusive Approaches to Gender-Based Violence." International Feminist Journal of Politics 25 (2): 1–21. https://doi.org/10.1080/14616742.2022.2107555.

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