



Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence

Men and Boys, Including Male Survivors



WOMEN'S
REFUGEE
COMMISSION

Research. Rethink. Resolve.

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth 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.

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Cover photo: Male survivor and member of Men of Hope. © Men of Hope

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Acronyms & Abbreviations

DRC	Democratic Republic of Congo
GBV	Gender-based violence
HIAS	Hebrew Immigrant Aid Society
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NGO	Nongovernmental organization
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission

Introduction

An increasing majority (nearly 60 percent) of refugees live in cities, a figure that will continue to rise as camps become an option of last resort. This new reality necessitates a monumental shift in humanitarian response, requiring policy makers, donors, and practitioners to develop new programming that addresses the protection concerns of refugees in urban contexts.

Urban refugees face gender-based violence (GBV) risks as a result of multiple and complex unmet social, medical, and economic needs, as well as intersecting oppressions based on race, ethnicity, nationality, language, class, gender, sexual orientation, and disability. Misperceptions further contribute to discrimination toward refugees, which in turn heightens their vulnerability.

Throughout 2015, the Women's Refugee Commission (WRC) conducted research in urban settings, the first phase of a multi-year project to improve the humanitarian community's understanding of and response to GBV risks in urban contexts. Quito, Ecuador; Beirut, Lebanon; Kampala, Uganda; and Delhi, India, were chosen because they are host to diverse refugee populations, have different policy environments for refugees, and are at different stages of humanitarian response.

The project looked separately at the GBV risks of different urban refugee subpopulations: women; children and adolescents; lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals; persons with disabilities; and male survivors of sexual violence. Refugees engaged in sex work were added as a subpopulation, due to their invisibility and the heightened GBV risks they face.

For findings from the research and recommendations, read the full report at <http://wrc.ms/1KccsHt>.

The Urban Model: Challenges and Opportunities for Mitigating Urban GBV Risks and Strengthening Community-Based Protection

Traditional humanitarian response – where UNHCR and its partners create a new infrastructure of services for refugees – is a poor fit for urban contexts. Instead of trying to transplant programs that have worked in camps to cities, programming must focus on promoting refugee integration into the host community. Doing this requires thinking differently across the board. Whereas humanitarian actors are used to working mostly with each other, in cities they must broker linkages with numerous other partners, public and private, across all sectors, and sometimes for the benefit of only one or two refugee subpopulations.

Protective peer networks must also become a cornerstone of urban protection. These peer networks can be among refugees, for instance, in the form of support groups hosted by UNHCR partners.

Yet protective peer networks can also exist, and need to be supported, between refugees and members of the host community. The important point is giving space for refugees to voice and cultivate the peer networks that are relevant for them, and offering them support – referrals, introductions, transportation costs, seed funding for a safe space – that will enable these peer networks to germinate.

Men and Boysⁱ

In contrast to other refugee subpopulations, men were the least forthcoming about GBV risks they and their sons face as urban refugees. Some men were unfamiliar with the concept of GBV, or unfamiliar with the idea that it could affect men and boys, not just women and girls. For others, the term GBV (or its local equivalent) itself triggered frustration, because they had heard it so often from refugee service providers: they were starting to feel its deployment had become accusatory, and that service providers were prioritizing GBV over their families' more immediate needs like access to safe shelter, food, and jobs.

Even among service providers, not much is known about the magnitude and type of GBV risks faced by refugee men. This is true in both camp and urban contexts, although evidence suggests that men and boys are more at risk in urban environments than in camps, because of the risks associated with livelihoods and discrimination by the host community. Anecdotal evidence further suggests that refugee male survivors of sexual violence are likely to migrate to urban centers where possible, preferring them to camps where confidentiality is hard to maintain and stigma around male rape runs high. In cities, they have more hope of accessing medical care and maintaining anonymity, although they often continue to suffer in silence.

Among both refugees and service providers, discussions of men and boys' GBV vulnerabilities tended to focus on sexual violence, rather than other forms of GBV, such as emotional violence. Undoubtedly this reflects contemporary assumptions, norms, and bounded awareness around GBV, rather than an empirical absence of other forms of GBV.

Most of what is known about men and boys' GBV risks in cities comes from anecdotal evidence, mostly second-hand reports of sexual violence experienced by adolescent boys and young men who work in certain types of jobs – usually a type of informal work common among refugee male youth in a particular city. In Delhi, for instance, young men often work “night parties” as catering staff, where they are exposed to GBV both while they are working and traveling home late at night. Rag-picking (Delhi), working at hookah bars (Beirut), and begging (multiple cities) are also common jobs for young male refugees where sexual harassment and violence is known to occur.

Consultations in these assessments reaffirmed previous findings that forced displace-

i. This section focuses on the GBV-related risks and service provision for heterosexual, cisgendered, able-bodied male refugees.

ment can upend traditional gender roles, undermining norms and established behaviors premised on ideas of hegemonic masculinity.¹ What this means in practice is that displaced men, as well as boys, are vulnerable to physical and emotional GBV in their communities, including within their homes, because they are unable to meet expectations around being the family “protector” or “breadwinner.” This vulnerability is heightened in situations where male refugees are unable to work, or discriminated against in employment opportunities due to disability or their refugee status. They may be earning less income than they used to, or even, for the first time, making less than what women in their family are able to earn.

Men and boys are also targeted for sexual violence by those who presume that, as refugees, they have fewer ties to the community and are already living on the margins of society, and are therefore less likely to report violence than host community men – or to be believed even if they do report it. Police and members of the military may be especially emboldened to target refugee men and boys for rape, as was reported by survivors of such attacks in Kampala. For these men, it was a source of profound emotional distress that although they had been able to escape war in their home country (usually the DRC) without becoming a victim of sexual violence, they had not been able to avoid it as refugees living in Kampala. Hence risks of sexual violence, often stemming from encounters with police, soldiers, and other armed forces, can follow men and boys from conflict into their cities of refuge.

Some men and boys may face added risks of GBV due to intersecting identities, such as race, ethnicity, and disability. In Uganda, mothers of persons with disabilities (children and adults) perceived that men and boys with disabilities may be targeted for rape and sexual violence at the same time as women and girls. This is aligned with findings from other WRC research, which identified men and boys with intellectual disabilities as vulnerable to rape and sexual exploitation. In fact, analysis of GBV Information Management System data from refugee settings in Ethiopia and Burundi suggest that approximately 17 percent of survivors with disabilities reporting to GBV service providers are male.²

“As you see this boy, my son, has been raped even living with disabilities. And after that, they raped the younger sister of him.”

– Mother of child with disabilities, Kampala

Recommendations for Mitigating GBV Risks Faced by Refugee Men and Boys

- **Additional, targeted research is needed on the particular GBV risks men and boys face in urban humanitarian contexts**, including the emotional and physical violence they experience as a result of not being able to meet established norms

and expectations around masculinity.

- **Map host community organizations with experience engaging men and boys around issues of gender equality and GBV prevention.** Partner with them to conduct outreach and awareness raising around GBV risks faced by men and boys, to tailor and make case management accessible to them, and to identify particular areas of vulnerability they face, both within and outside the home.

A good practice here is humanitarian actors' partnership in Beirut with ABAAD Resource Center for Gender Equality, which runs a Men's Center that provides services such as support groups, discussion groups, and individual psychological counseling, from a gender perspective. It is open to all men residing in Lebanon, including refugees; cost-sharing from UNHCR has been instrumental to this inclusion.

- **Given that a lot of risk and exploitation boys face is around child labor, ensuring safer livelihoods for them and stronger, more appropriate livelihood options for their family is essential to enhancing their protection.** Concurrently with exploring alternative livelihood options, refugee service providers – including but not limited to GBV practitioners – should engage men and boys to identify particular jobs, businesses, and industries that are sites of GBV for them. Appropriate responses will be context-dependent, but may involve direct advocacy and/or engaging a range of local actors, from merchants' associations to law enforcement.

Male Survivors of Sexual and Gender-Based Violence

Male survivors of sexual and gender-based violence³ were not one of the target subpopulations of the WRC's urban assessments. Yet the invisibility of this group was made plain during each field assessment, through consultations with service providers and other refugees. Only in Kampala, however, where we collaborated with the Refugee Law Project – a UNHCR partner and leading voice in raising awareness around the rights of male survivors and their invisibility in humanitarian response – did the WRC consult with male survivors directly.⁴ The Refugee Law Project's systematic screening of refugees approaching their offices for services, as well as in refugee settlements, indicates that between one in four and one in three male refugees in Uganda have been victims of sexual violence in their lifetime.

We take as our starting point for this discussion previous research done by both the Refugee Law Project⁵ and the Hebrew Immigrant Aid Society (HIAS).⁶ Their findings establish a profound and widespread gap in knowledge, discourse, and services for male survivors, both in Kampala and in other contexts.



Male survivors of sexual and gender-based violence encounter significant barriers in accessing basic needs, from medical care, to safe shelters, to jobs. © Men of Hope

In particular, male survivors encounter significant barriers in accessing basic needs, from medical care – including life-saving reparative surgery to treat rectal trauma – to safe shelter, to jobs. They endure stigma and shame that keeps them from disclosing incidents of violence and their physical and emotional consequences. Even those who do seek medical care or counseling are often met with discrimination, emotional violence, and even physical violence.

Lack of access to trained and sensitive service providers exposes male survivors to greater GBV and health risks. It can also have profound consequences for their family members, who are forced to endure secondary violence – emotional, physical, and economic – arising from the silent suffering of their fathers, brothers, and husbands. Gaps in discourse and service provision for male survivors also perpetuate stigma around male rape, while reinforcing outdated notions of gender as binary. These notions are dangerous for women and girls as well, since they anchor the same social norms that prescribe fixed and limited roles for women and girls in all aspects of life.

The WRC's consultations with stakeholders in all four cities, and with male survivors

in Kampala, reinforce these findings. There needs to be much greater awareness of GBV against men, as well as boys, in conflicts and crises. And to meet its obligations to all survivors, the humanitarian community must develop comprehensive guidance and programming that affirms the rights, needs, and dignity of male survivors and is integrated into inter-agency standards and humanitarian action at every stage of response.

Stigma and Discrimination

Male GBV survivors remain highly invisible within refugee communities, largely due to cultural stigma, misperceptions, and entrenched stereotypes around masculinity. In many refugee and host communities, sexual violence against men and boys is conflated with homosexuality. Hence, this is a misperception male survivors confront not only within themselves, but also from others, including their family members, service providers, and even medical practitioners. Many choose to remain silent about incidents of violence, lest they be “marked” as lesser men and, as such, targeted even further for emotional and physical abuse. This silence comes with serious emotional and psychological costs, as survivors experience recurring trauma, feelings of depression and isolation, and post-traumatic stress disorder – all without receiving any structured counseling or psychosocial support. In Kampala, focus groups with adolescent males stressed that reporting sexual abuse is rare and informal; reports tend to be confidential between survivors and group leaders unless they are brought up to Refugee Law Project officials.

“You survive, then you die into the trauma.”

– Male survivor in Kampala

“Other male survivors are in hiding, they won’t access services and they will die in shame and fear.”

– Male survivor in Kampala

Lack of Services, Referrals, SOPs, and Sensitive and Trained Service Providers

In some cities, refugee service providers who provide GBV case management had no information, referrals, or protocols in place relating to male survivors. The same was true of host community GBV organizations: while many maintain an “open door” policy for treating men, they have no protocols, focal points, or programming in place – such as targeted outreach or a hotline – for men and boy survivors. In some cases, policies and referral pathways have been adopted based on assumptions, without any evidentiary basis, and have ultimately proven harmful to male survivors. For instance, male survivors suffering rectal trauma have been referred to local hospitals, where

they are humiliated, and their already painful wounds exacerbated, by doctors and nurses with no expertise in treating male survivors. Male survivors who have been referred to the police to report incidents of violence are met with disgust, stigmatized, and told they are “homosexuals” because men cannot be raped.

Having tailored policies and protocols in place is essential because men and boys face significant barriers to accessing information about GBV-related services. They also encounter stigma when accessing services that are commonly understood to be for women. In one city, for instance, GBV case management is conducted at community centers that are collectively understood to be, and are commonly referred to as, “women’s centers.” In this context, “there are no services for male survivors of SGBV,” one protection coordinator put it bluntly.

Good Practices

Expanding upon the positive practices identified in previous research by the Refugee Law Project and HIAS, the following positive attitudes and practices were identified by the WRC in its field assessments.

Interest in expanding GBV protection and response for male refugee survivors. UNHCR Headquarters, UNHCR partners, GBV practitioners, university researchers, and a number of NGOs have been vocal about their interest in building the knowledge base around GBV against men and boys, and in bridging the service gaps that deny them care and perpetuate stigma and misinformation. Technical trainings and sensitivity workshops are still few and far between, but momentum is building toward structural changes that will meaningfully integrate male survivors into larger humanitarian GBV architecture. In September 2015, for instance, UNHCR in the Middle East and North Africa (MENA) region held its first workshop on working with men and boy survivors of GBV. Participants were largely field-office staff from UNHCR and implementing partners in various countries, and the modules developed for that course will be used in future workshops.

Identification of skilled and sensitive health care providers. In select cities, including Kampala, UNHCR partners have identified and vetted referral points for male survivors, including medical practitioners who can provide adequate post-sexual violence care. Having this small yet trusted referral network has proven essential to ensuring male survivors are not exposed to additional physical and emotional violence when they go for treatment. Even in Kampala, however, where service providers have made proactive efforts to build linkages with good medical providers, there are not enough doctors or surgical facilities to provide sustained care. Moreover, even where adequate providers do exist, there is often insufficient funding to pay for individual care – whether that is a reparative surgery necessary for them to be able to use the

toilet again (and restore their dignity), or even smaller basic goods many survivors need, like diapers and soft foods.ⁱⁱ

Support groups for male refugee survivors. In Kampala, the WRC consulted members of a support group for male survivors of sexual violence called Men of Hope. Many members were raped in their countries of origin, others were raped as refugees living in Kampala, and some had been raped in both countries. Members spoke with conviction and gratitude for the role Men of Hope plays in their lives. They spoke of a “before” and “after”: before joining Men of Hope they felt despair and isolation; after joining their emotional well-being improved dramatically and, by extension, so did that of their family. Being able to share their experiences with each other has been critical to their emotional survival.

Men of Hope does outreach within the refugee community to encourage male survivors who are “in hiding” to come forward and to encourage those who are too ashamed to seek medical services, psychological counseling, or peer support to do so. They also engage in wider advocacy, including in popular media, to dislodge assumptions and misperceptions around male rape and promote additional funding and learning that will enhance male survivors’ access to rights-respecting GBV response. “We have two purposes,” one member said, “breaking the silence by raising our voices and enabling people to come forward and access services.”

Training of duty-bearers. In Kampala, the Refugee Law Project has provided extensive training to police, both in police stations servicing communities with high concentrations of urban refugees, and also through the Police Training School, where it has been able to enrich the curriculum to include GBV issues affecting men and boys, as well as women and girls. This has also led to revisions in the forms used by plastic surgeons to document medical examinations in cases where survivors report cases to police.

Recommendations for Mitigating GBV Risks Faced by Male Survivors of Sexual and Gender-based Violence

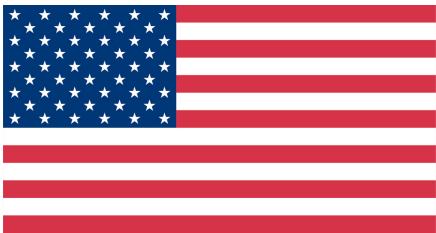
- **Humanitarian actors, including UNHCR Headquarters, must continue to support training and awareness raising around the GBV risks that men face** – both during conflict and as refugees in their host communities – as well as around how to respect the rights and dignity of male survivors while ensuring they have access to quality services that respond to their medical and emotional needs.

ii. According to Chris Dolan, Executive Director of the Refugee Law Project, “to date, the only governmental funder that has proactively sought to support projects for male survivors is the U.S.” (private communication).

- **Where host community medical providers lack sufficient training and sensitivity to provide adequate post-rape care to male survivors, humanitarian actors should support their capacity-building, to ensure adequate referral pathways exist for both refugee and host community male survivors.**
- **More resources, including financial and human resources, are needed so that trainings and programming can be replicated and scaled.** Humanitarian actors should support training and awareness raising among relevant medical and legal actors, as well as police. Programs should consider expanding counseling to families of survivors as well.
- **Existing guidance and tools tailored to serving male survivors should be disseminated widely, and adapted for local contexts.** The Refugee Law Project, for instance, has developed a screening tool for male survivors that has potential application not only outside Kampala, but also across sectors, so it can be used by those who provide various types of support, from psychosocial counseling to legal assistance.
- **Additional funding for male survivors' post-rape care is needed,** both to cover the costs of medical interventions like reparative surgeries, as well as goods intrinsic to their basic dignity (e.g., soft foods).
- **Humanitarian actors should support and enable groups like Men of Hope, providing them with financial and in-kind support** – for example, technical assistance, a safe space – so they can develop a protective peer network for each other, and engage in other activities they deem desirable and appropriate, such as advocacy and outreach.

Notes

1. See, e.g., Kerstin Rosenow-Williams and Katharina Behmer, "A Gendered Human Security Perspective on Humanitarian Action in IDP and Refugee Protection," *Refugee Survey Quarterly* 34.3 (2015): 1-23; Marta Y. Young, and K. Jacky Chan, "The Psychological Experience of Refugees: A Gender and Cultural Analysis," *Psychology of Gender Through the Lens of Culture* (Springer International Publishing, 2015): pp. 17-36.
2. WRC and IRC, "*I see that it is possible*": *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings* (2015).
3. Certain aspects of this discussion, including around access to adequate medical care, also have particular relevance for gay men and transwomen refugees.
4. See UNHCR and Refugee Law Project, *Need to Know Guidance No. 4: Working with Men and Boy Survivors of Sexual Violence in Forced Displacement* (2012), <http://www.refworld.org/pdfid/5006aa262.pdf>
5. See, e.g. Refugee Law Project, *Men Can be Raped Too* (film) (2015), <http://refugeelawproject.org/rlp-resumes-direct-support-to-refugees/348-film-men-can-be-raped-too.html>; Refugee Law Project, *Promoting Accountability for Conflict-Related Sexual Violence Against Men: A Comparative Legal Analysis of International and Domestic Laws Relating to IDP and Refugee Men in Uganda* (2013). See also Chris Dolan, ICRC No. 894 *Letting go of the gender binary: Charting new pathways for humanitarian interventions on gender-based violence* (Sept 2015) <https://www.icrc.org/en/international-review/article/letting-go-genderbinary-charting-new-pathways-humanitarian>
6. HIAS, *Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender-Based Violence* (section on male survivors) (2014) at 27-32.



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