

# Report Summary

## Women's Refugee Commission

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.

## Our research methods

WRC has embarked on a three-country exploratory study on sexual violence against refugee men and boys, including those with diverse sexual orientation and gender identity and expression. In July 2018, two researchers traveled to Cox's Bazar, Bangladesh, to explore sexual violence perpetrated against Rohingya men and boys in Myanmar and Bangladesh. We conducted 21 focus groups with 109 Rohingya men, women, and adolescents in four sections of Kutupalong Camp and interviewed 45 humanitarian aid workers and human rights experts. The University of New South Wales granted ethics approval for this research.

## What we found

- 1. In addition to women and girls, Rohingya men and adolescent boys appear to be targeted for conflict-related sexual violence in Myanmar.** Although the magnitude remains unclear, the findings suggest that this violence may be common, particularly as a precursor to execution. Forced witnessing of sexual violence against women and girls, genital violence—specifically mutilation, burning, castration, and penis amputation—and anal rape were the most common forms of sexual violence against males as reported by refugees. Although sexual violence was reported against a variety of men and boys, some groups appear to be particularly vulnerable, including community and religious leaders and educated Rohingya, adolescent boys, and detainees.
- 2. Conflict-related sexual violence against Rohingya men and boys intersects with violence against Rohingya women and girls.** Men and boys are forced to witness sexual violence perpetrated against female family and community members, inflicting deep suffering on both female victims and male observers and disrupting familial and social ties. Rohingya women reported that men have become more controlling and restrictive as a result of the recent campaign of sexual violence against women and girls, and some key informants suggested linkages between violence experienced in Myanmar and intimate partner violence.
- 3. In Cox's Bazar District, some Rohingya men and boys are subjected to sexual abuse and exploitation, although few survivors have come forward.** Vulnerable groups include: adolescent boys and young men; boys with disabilities (especially intellectual disabilities); persons with diverse sexual orientation, gender identity and expression, or sex characteristics (SOGIESC); and men and boys in the context of informal work and child labor, among others.
- 4. Male survivors have significant psychological, physical, and social needs.** The mental health impact of forced witnessing was noted as being particularly harmful to male observers. Men and boys with genital trauma may require specialized care, and male (and female) rape survivors require good-quality clinical management of rape services.
- 5. Services for male and female survivors require urgent strengthening.** Few services are available for male survivors in Cox's Bazar District, although some efforts were underway at the time of data collection. Services for female survivors also need significant strengthening and scaling. Attention must also be given to services and protection mechanisms for Rohingya with diverse SOGIESC.
- 6. Multiple barriers to service availability and accessibility were identified.** These include lack of clarity regarding accountability for addressing sexual violence against adult men and Rohingya with diverse SOGIESC, and the failure of humanitarian actors to recognize genital violence and forced witnessing as forms of sexual violence. Other barriers include: sociocultural barriers; low provider capacity; lack of entry points and referral pathways for adult male survivors; misconceptions among humanitarian responders; limited data on male sexual victimization; few resources on programming for male survivors; and legal restrictions.

## Our top recommendations

A targeted, multisectoral effort is needed to implement services for male survivors. While specific to sexual violence against men and boys, the following recommendations complement existing recommendations for actors engaged in prevention and response to sexual violence focused on women and girls.

### To the Inter Sector Coordination Group (ISCG) Secretariat:

- Nominate a sector and agency to proactively lead efforts to address sexual violence against men and boys. Support the nominated agency to establish a temporary multisectoral taskforce—including representatives from health, mental health and psychosocial support (MHPSS), gender-based violence (GBV), child protection, and protection—to develop and execute a strategy to respond to at-risk men and boys and male survivors of sexual violence.

### To Health and Reproductive Health Actors:

- Increase capacity development and training for medical care professionals on clinical management for male and female sexual assault survivors (including child survivors). Support the capacity development of health providers to provide good-quality clinical care for male genital trauma.

### To MHPSS Actors:

- Strengthen capacity to support all survivors—women, girls, men, and boys, including those with diverse SOGIESC. Ensure the availability of sensitized, trained male and female counselors, therapists, and social workers, and identify focal points for male survivors and survivors with diverse SOGIESC.

### To Protection Actors:

- Engage men, boys, and persons with diverse SOGIESC in the development of prevention and risk mitigation strategies for sexual violence and exploitation inside and outside the camps. Ensure the availability of safe shelter for at-risk males and male survivors.

### To GBV Actors:

- Ensure that capacity-development efforts related to sexual violence appropriately address and integrate male survivors and survivors with diverse SOGIESC.

### To Child Protection Actors:

- Ensure that child protection systems and services, including child protection and GBV referral pathways, are sensitized to and inclusive of young and adolescent male survivors of sexual violence, including boys with mental and physical disabilities.

### To Donors:

- Without compromising targeted support for women and girls, support the piloting and evaluation of programs—including community-based programs—to comprehensively prevent and respond to sexual violence against men, boys, and persons with diverse SOGIESC.

## What's next

The Women's Refugee Commission has published a comprehensive report on the findings and recommendations from this study, titled *"It's Happening to Our Men as Well": Sexual Violence against Rohingya Men and Boys*. The recommendations aim to help international and national humanitarian agencies improve protection mechanisms and strengthen services for men and boys at high risk of sexual violence in Cox's Bazar.

The report is available at <https://wrc.ms/svmb-rohingya>

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