



Refugee Law Project

*School of Law, Makerere University
A Centre for Justice and Forced Migrants*



Male Survivors of Sexual Violence in Kampala Demand for Better Services

An excerpt from Men of Hope's Second Anniversary; a refugee led support group of male survivors of sexual violence in Kampala



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On 30th January 2014, Men of Hope¹ commemorated its second anniversary at Grand Global Hotel in Kampala. 140 participants attended the event; of whom 70 were male survivors of sexual violence. Other invited guests that attended the anniversary were representatives from the Office of the Prime Minister (OPM), United Nations High Commission for Refugees (UNHCR), and partner Civil Society Organizations. 16 leaders from other support groups from Kampala, Isingiro and Gulu district also took part.

Men of Hope Refugee Association in Uganda (MOHRAU) is a support group that brings together male refugee survivors of conflict-related sexual violence. The group was established in 2011 due to increasing cases of men and boys presenting challenges resulting from experience of sexual violence. After realizing that the demand for available services far outstrips available resources, Refugee Law Project saw the need to encourage the formation of refugee led groups. To-date, 16 support groups work alongside RLP's four thematic programmes.²

The objective of the anniversary was to reflect on key achievements consolidated since the MOHRAU's establishment, review major challenges facing the Association as well as explore and propose possible ways forward.

Key achievements consolidated

Since 2011, the association has been actively engaged in number of activities ranging from self help projects for group members, community awareness, sensitizations, advocacy and documentation on sexual violence against refugee men and boys.

Community awareness

MOHRAU conducts community awareness raising sessions in different places in and around Kampala. The Association has to date successfully reached out to over 2,000 members of the Congolese, Burundian, Somali, Eritrean, Ethiopian and Rwandese community in Kampala. These outreaches have been conducted in several places in Kampala for example Bondeko Centre, Najjanankumbi, Masajja and Kyabando villages. The association also reaches out to wider members of the host communities during occasions like the International Human Rights Day, World Refugee Day, SGBVP Annual Awareness Week, 16 Days of Activism against SGBVP, and World Aids Day.

Information sessions with key stakeholders

MOHRAU also recognises that some service providers including refugee agencies are not informed on the plight of male survivors. The need to reach out to these agencies came out of the feedbacks gathered from testimonies and experiences of individual survivors. There was need to reach out to local councilors, medical and legal students as well as practitioners. Subsequently, the association successfully conducted information sessions with Local councilors of Bwaise and Masajja Zone B to:

¹ A refugee led support group of male survivors of sexual violence in Uganda

² Gender & Sexuality, Access to Justice, Mental Health & Psychosocial Wellbeing and Conflict, Transitional Justice and Governance Programs

- raise awareness on the plight of refugees male survivors of sexual violence
- inform councilors that both men and women can be victims/survivors of sexual violence
- raise awareness that male rape does not only happen during conflict situation but also during times of post-conflict 'peace' and in contexts of asylum
- re-echo the distinction between male rape and homosexuality
- highlight the roles of the community leaders in fighting stigma and protecting male survivors of sexual violence.

It took MOHRAU a lot of courage to meet these community leaders because they are the first contact persons for asylum seekers and host forced migrants within their areas of jurisdiction.

After realizing relative success from meeting community leaders, MOHRA extended the information sessions to service providers such as InterAid Kampala office, Ntinda Family Doctors, Legal and Medical Students and UNHCR Kampala office. Testimonies from some survivors reflect improved service delivery in some medical facilities and with some refugee service providers, and these successes can be attributed in part to the information sessions conducted.

Capacity building for self-help, advocacy and lobbying

The association continues to benefit from a number of trainings geared towards capacity enhancement. Since establishment in 2011, members of MOHRAU have successfully undergone trainings on; human rights, gender & sexuality, computer, participatory video production, business skills, post traumatic stress disorder, survivor centered advocacy, group management and sustainability. The need for these trainings was derived from members of the groups during their meetings. Members of the group realized that there was need to build their capacity to manage themselves, their families, the group as well to conduct proposed activities.

Group advocacy on the sexual violence against men

The trainings attended by members of the association contributed greatly to the welfare of the individual members of Men of Hope and also enabled the group achieve on their proposed activities. This includes a book production and video advocacy.

Book production "Sexual Violence Against Men And Boys, Myths Or Realities?"

MOHRAU is producing a book on the plight of refugee men and boys on sexual violence. The book, which is meant to advocate and lobby for support, shall be disseminated widely through various platforms including the media. The survivors authored this book in French and it is undergoing translation into English by the community interpreters of RLP. This book which is to be published in both French and English, shall help the association raise money to support activities as well as reach out to a wider audience in and out of Uganda; including duty bearers in their country of origin. If published, this shall be the first book ever authored and produced by a group of refugee male survivors of sexual violence in the global south.

Video advocacy

MOHRAU produced a short clip "The Bench" (www.refugeelawproject.org) after successfully attending training in computer and participatory video production. The five minutes clip was

conceptualized, written, shot, edited and produced by members of MOHRAU. This touching and telling piece conceived and acted by members of the association captures challenges faced by members while trying to access services in Uganda. Having acquired these skills, the group now requires equipment and facilitation to continue developing robust victim-centered video advocacy on the plight of male survivors of sexual violence.

Besides their own documentary, some members of MOHRAU appeared in different media platforms. Personal stories as well as group activities caught the attention of NTV, WBS and NBS BBC Swahili, German Press and Aljazeera³ representing local and international media respectively. Besides this, several talk shows have been hosted in different radio stations focusing on male survivors of sexual violence.

Increased membership

MOHRAU started with 2 individual refugees who openly narrated their ordeal of male rape. From these two men, the members rose to six in two months and they decided to form a group to support each other. Through the community outreaches, membership scaled up to 60 in one year. To-date, there are 80 registered members of Men of Hope and the numbers continue to increase. This is partly because a large number of service providers have opened up to work on gender based violence in a more inclusive fashion, and some organizations like RLP developed a screening tool to identify male survivors of sexual violence. From this tool, over 5 new cases are registered every week through the Assessment and Intake unit of RLP.

Practical challenges faced by members of MOHRAU

During the discussion, male survivors of sexual violence noted a number of challenges, in four thematic categories: **health/medical**, **stigmatization**, **insecurity**, and **family related challenges** associated to being male survivors of sexual violence.

While reflecting on personal testimonies, a representative of the group re-echoed that much as several attempts are being put in place by different service providers including refugee serving agencies to address these challenges, much more progress is required in interventions addressing the challenges faced by male survivors of sexual violence.

In an open session facilitated by representatives from the United Nations High Commission for Refugees and Refugee Law Project, survivors noted the following;

³(<http://www.aljazeera.com/video/africa/2013/04/20134883149282189.html>)
(<http://www.aljazeera.com/indepth/features/2013/04/2013411111517944475.html>)
(<http://www.youtube.com/watch?v=Sv6arFUf3IE>)
(<https://www.youtube.com/watch?v=6dxaFgezrXg>)
(<https://www.youtube.com/watch?v=6dxaFgezrXg>)

Health challenges

Some medical personnel are not informed about sexual violence against men and boys. This is not only peculiar to private medical facilities but also government hospitals. Medical personnel who don't believe that male rape exist, and who frequently allege that those who report such cases are either crazy or homosexuals have further victimized some survivors. This affects access to health services by survivors who fail to see appropriate personnel or are given painkillers, just to blot the pain, leaving the condition worse after a period of time. Members also narrated incidents of being referred to gynecologists who are trained to address women and girls' reproductive concerns. To avoid such situations, survivors resort to self-medication or consulting unqualified medics including traditional healers and witchdoctors.

Testimonies narrated re-affirm the key findings during South-South Institute organized by Refugee Law Project in April 2013. This institute brought together legal and medical students from Makerere University and Mulago School of Public Health respectively. During this Institute, both medical and legal students in their final year demonstrated ignorance of sexual violence against men. This is partly because it had never been included in their study curriculum.

Recommendations on Health Challenges

The following were recommendations to service providers to improve access to health services to survivors;

Training and awareness raising among medical practitioners

Medical service providers need to be trained on the plight of male survivors of sexual violence; be they refugees or Ugandan nationals. Members tasked UNHCR and Refugee Law Project to use UNHCR's Guidance Notes⁴ to train doctors from government as well as private medical practitioners in the entire country. Survivors recommended co-opting doctors with experience on working with male survivors to support and share their experience with other medical service providers. Survivors believe that such peer trainings should not only provide evidence-based information but also help change attitudes of medical personnel towards male survivors of sexual violence. Survivors also recommended curriculum alignment for medical and legal students; to provide understanding that would in future generate skill sets and expertise on reality in response to cases of male rape. This would also reduce the time taken between actual violation and reporting of cases to medical personnel hence addressing the issues within the shortest time possible.

Male survivors also recommended that medical personnel be trained in Counseling and Post Traumatic Stress Disorders. It was noted that some doctors do not have counseling skills and

⁴This is a guiding document for UNHCR and its implementing partners on working with men and boys survivors of sexual violence. RLP's experience working with male refugee survivors (Men of Hope, Men of Peace) is documented in *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement, Need to Know Guidance 4*, published by UNHCR & RLP (2012) and available on www.refugeelawproject.org and www.unhcr.org

therefore do not listen to the concerns of male survivors, while others are very rude to patients. This affects the doctor-patient relationship that is paramount for effective communication and the beginning of healing.

Provision of language interpretation services in public health facilities

Male survivors called on government to employ interpreters and doctors who speak Swahili and French. Language barriers were noted as a limitation to the reporting of cases since the majority of refugees and asylum seekers in Uganda come from Francophone speaking countries. Knowledge of language is core for effective communication. However, refugee male survivors find themselves mired in place due to language barriers that affect self-expression. This is worse for new arrivals and those that have not learnt English and local languages. Attempts to come with bilingual interpreters⁵ or freelance interpreters⁶ have often been frustrated by some doctors. Confidentiality is also affected for those who come with their interpreters given the fact that sexual violence against men is a taboo in many African societies.

Dietary supplements and hygiene during recovery

Male survivors called upon partners including refugee-serving agencies to provide diet for survivors during medical recovery. Doctors often recommend special diets for survivors who have undergone operations. However, many refugees struggle in poverty and are unable to afford such foods. Furthermore, as bread winners in a patriarchal society, male survivors are expected to fend for their families by engaging in physically demanding jobs such as construction sites, forcing many to boycott hospital reviews as well as abandon doctors' instructions. Some wives of male survivors are forced into survival sex because their men can no longer provide for their families. Sometimes survivors are required to maintain high levels of hygiene for effective recovery, but this is particularly challenging given the fact that many refugees live in slums and refugee settlement with severe over-crowding and poor sanitary facilities. Survivors called upon World Food Programme to intervene and help men and boys during medical recovery periods, especially those that have undergone major operations.

Designated refugees support desk in public health facilities

Lastly, survivors asked for a refugee specific desk and focal persons in government hospitals. This, it is believed, would help to provide a 'friendly' service for refugees, as it would cater for language differences. Male survivors also recommended to government to incorporate the plight of male survivors in their planning, programming and budgeting.

Stigma and discrimination

Stigma and discrimination is one of the major challenges male survivors continue to grapple with. Much as xenophobia is a common to all refugees and asylum seekers, the situation is worse for male survivors because male rape is a taboo in many cultures. Survivors' testimonies during the anniversary re-confirmed the refusal by many Ugandans to distinguish between

⁵ A bilingual interpreter is a person who conducts ad-hoc interpreting work because they speak a specified language required. They do not often have formal interpreter training but often possess in-depth knowledge of the subject matter.

⁶ Freelance interpreters are self-employed and are contacted by the clients directly in times of need.

male rape and homosexuality. The Anti-Homosexuality Bill (AHB) passed by Parliament of Uganda on 20th December 2013⁷ and signed by the President into law on 24th February 2013 (<http://edition.cnn.com/2014/02/24/world/africa/uganda-anti-gay-bill/>) has posed a threat to the members of the group who have proposed suspending community activities for fear of being viewed and labeled as homosexuals. The AHB and AHA have not only reinforced homophobia but also heightened xenophobia.

Refugees are discriminated against especially in situation when nationals of host country confront them. At community level, local councilors favor nationals when settling disputes and often judge in favour of nationals. Some Police officers also align themselves with nationals who they regard as their own 'brothers and sisters', thus leaving out refugees who are 'foreigners'. This, in some cases, has caused refugees to pay for services that should be for offered for free.

Discrimination against refugee male survivors of sexual violence is evident in the movie clip "The Bench" a film written and developed by survivors themselves on the challenges faced while seeking services. This clip, which can be accessed from RLP's Website,⁸ demonstrates peoples' ignorance and misconceptions towards refugees in general and male survivors of sexual violence in particular.

Recommendations on Stigma and Discrimination

Improving Community Policing in Refugee Host Communities

Government through police should strengthen community policing in refugee host communities to create awareness on the plight of refugees especially male survivors of sexual violence whose plight is hidden and limited to themselves and a few people they trust. United Nations' High Commission should translate the 'Need to Know Guidance Notes' in the local languages and disseminate widely to refugee settlements and other parts of the country. This awareness needs to be extended to schools as well as faith based sects and cults to target wider audiences.

Family related challenges

The family is a core institution of human life and one of the spaces in which social values can be nurtured. A disconnect within the family is enough to create social tension that can affect societal progress. In patriarchal cultures in Africa, men are seen as heads of households, and have responsibilities that range from provision of basic needs to protection. However, the conventional understanding of men and their roles especially for those who have undergone sexual violence is distorted. Many male victims of sexual violence cannot fend for their families because ill health undermines their physical strength hence denying them the capacity to seek, perform and maintain paid jobs, especially those that require a lot of physical strength.

⁷ See www.theguardian.com/world/2013/dec/20/uganda-anti-gay-law-life-imprisonment

⁸ www.refugeelawproject.org

Further still, many male survivors do not have respect from their wives and children; not only because of their inability to provide but also due to the fact that their family members witnessed them being raped by fellow men. This does not only dehumanizes them but also portrays their inability to defend themselves or their family. Some survivors find themselves unable to control urine and stool as a result of what happened. As fathers, male survivors are unable to guide and discipline their children especially those that wet beds at nights because they too cannot control urine and stool. Such secrets are only kept at the mercy of the women, rendering the man incapable of even questioning the wife when there is any domestic problem for fear of exposure.

Similarly, many survivors report temporary or permanent impotence as a result of the sexual violence experienced.⁹ This is worse for men who were subjected to physical and sexualized torture making them unable to sexually satisfy their women. Many male survivors have lost their women to other men because they cannot sexually satisfy them. Sexual starvation is one of the main reasons for separation and divorce because the women cannot wait for many years before their men recover from the physical, psychological and psychosexual shocks. Some women, however, attribute the loss of sexual interest from their husbands to adultery; believing that their men are moving out with other women.

Recommendations on family related challenges

Survivors called upon service providers to extend counseling to their family members as well. This would require systematic care and support to family members to enable them to understand and support male survivors. Once there is family understanding and acceptance, survivors would effectively seek appropriate medical support and adhere to the treatment plans. Sexual violence experienced during times of war and conflict causes domestic violence during peace. For domestic violence to be addressed there is a need to address the legacies of sexual violence experienced during conflict situations.

Insecurity

Sexual violence against men and boys poses insecurity to victims/survivors because survivors know some of the perpetrators. Some perpetrators are hunting survivors for fear of exposure. Survivors called on the Police and other security agents to provide protection to male survivors of sexual violence just as they are supposed to do for women and girls. Survivors also re-echoed the need for resettlement as a durable solution to their insecurity.¹⁰ Male survivors of sexual violence believe that resettlement is the only option for them because voluntary repatriation poses huge risks of falling back into the hands of people who perpetrated sexual violence against them. Furthermore, because sexual violence is a taboo in many cultures, survivors believe they will be ostracized if they return to their home countries. Integration into the first country of asylum, Uganda, is not legally possible according to Uganda's legislation.

⁹ For every 10 male survivors that come for service at Refugee Law Project, 4 would also present with cases of temporary or permanent impotence.

¹⁰ In principle there are three durable solutions available to refugees; voluntary repatriation, local integration and resettlement.

A key indicator of refugees' ongoing insecurity while in exile, is the constant shift of places of residence. Survivors were concerned that some police officers do not listen to their insecurity concerns because they believe that the functional complaints are all geared towards resettlement. This is coupled with xenophobia and labeling of refugees as 'foreigners' and people bringing diseases such as Ebola and HIV/AIDS into Uganda.

Recommendations on insecurity

Police force empathy and timely response

Survivors called on Police to listen to their concerns; this can be effectively done if many Police officers undergo training on the plight of refugees as well as sexual violence against men and boys. Survivors also proposed that police officers be trained on basic guidance and counseling skills because others are reportedly rude to people they should serve, while others have misconception that refugees are liars and are only concocting stories to find grounds for resettlement.

Police officers need to provide timely and professional response to reported cases. It was noted that some Police officers take long hours or even days to respond to cases of sexual violence against men and boys; more so if they happen to be refugees and asylum seekers. In some situations, police officers discriminate against refugees especially if they are in conflict with Uganda nationals; this is partly because of limited resources to facilitate their work as well as high levels of xenophobia.

Curb corruption in the Police force

Survivors also called on the Inspector General of Police to re-visit mechanisms to curb corruption of some police officers. It was noted that officers ask for "Kick-backs" to produce reports or even carry on investigation of reported cases. Some police surgeons allegedly ask for money for examination. The rampant corruption in the police is one of the reasons survivors do not report cases because they have lost hope and belief in the institution. Many refugees and asylum seekers live on less than a dollar a day while majority struggle to find shelter. Refugees therefore find it impractical to spend the little available on corrupt police officers

Police collaborations with other service providers and operationalization of a Special Unit

Survivors also called on Police to continue collaborating with other partners to conduct community policing and information sessions in various parts of the country. Members noted that some asylum seekers and refugees do not know their rights and obligations especially those that have newly arrived. Many are therefore judged, labeled and regarded as lawbreakers yet they may not be aware of the existing legislations and policies governing forced migrants in Uganda. Members believe that when refugees know their rights and obligations, they can use the knowledge to claim their rights with relevant duty bearers.

Lastly, survivors called upon the Inspector General of Police to effect the operation of the special unit to handle cases of domestic violence against men and boys. During the launch of the Police training curriculum by the Police Advisory Committee, the Inspector General of Police announced that his office would establish a special unit to handle domestic violence cases

against men. If established, this would be the first police unit in Africa that addresses specific concerns of men and boys as survivors of domestic and sexual violence.

Watch out for the full anniversary report!

For more information, contact

info@refugeelawproject.org

Hotline: +256776897057

