Report on the 
1st South-South Institute on Sexual Violence Against Men & Boys in Conflict & Displacement

Theme: Inclusive Responses to Sexual and Gender Based Violence

8-12 April 2013 
Kampala, Uganda

Refugee Law Project
Table of Contents

Introduction .......................................................................................................................... 5

The Need for a South-South Institute on Sexual Violence against Men and Boys ........ 5

Aim and Objectives ........................................................................................................... 6

Approaches ....................................................................................................................... 6

PRE-INSTITUTE MEETING ............................................................................................... 7

What makes us feel safe? .................................................................................................. 7

What makes us feel unsafe? .............................................................................................. 8

What issues do you want to discuss at the Institute? ..................................................... 8

What issues are we not sure we want to discuss? ......................................................... 9

Whom do we feel comfortable talking with? ................................................................. 9

Whom do we feel uncomfortable talking with? ............................................................ 9

What do we hope for and expect from this Institute? .................................................... 9

DAY 1: Scene-Setting Conference - Kolping Hotel .................................................................. 10

Welcome Remarks ........................................................................................................... 10

Keynote Speech .............................................................................................................. 11

Overview of MSSAT ....................................................................................................... 11

Clearwater’s story: as a survivor ..................................................................................... 11

Commentary ..................................................................................................................... 12

Presentation on ‘Health Realities for Male survivors’ .................................................. 12

Afternoon Session, April 8th, 2013 .................................................................................. 14

Organizational and Movement Building ....................................................................... 14

Individual victimization ................................................................................................. 15

Psychosocial Realities for Male Survivors .................................................................... 17

DAY II: Myth busting - Closed workshop ....................................................................... 18

Male survivors wishes and needs .................................................................................... 20

What qualities do we want from the people we meet? How do we want them to behave towards us? .................................................................................................................. 20

What environment is necessary? .................................................................................... 20

What “Messages” do you have for the service providers? ............................................. 21

DAY III: Training Needs Assessment & Legal Round Table .......................................... 22

Training needs assessment .............................................................................................. 22

Opening remarks ............................................................................................................ 22

Brain storming on possible definitions of sexual violence ........................................... 22

Participants’ motivation ................................................................................................ 23

Myths, beliefs and facts about male survivors of sexual violence ................................. 24

Beliefs .................................................................................................................................. 24

Facts .................................................................................................................................. 25

Working with male survivors: Things we find difficult/challenging/dislike-things we like/find easier ........................................................................................................... 26

Feedback ........................................................................................................................... 26

DAY IV: Awareness Raising for Medical and Legal Students ......................................... 27

Opening remarks ............................................................................................................ 27

Medical and Psychosocial needs of survivors of sexual violence ................................ 27

DAY V: Roundtable for Policy Makers ........................................................................... 29

Opening remarks ............................................................................................................ 29

Towards a legal advocacy agenda - Presentation on Legal Options for Male Survivors ..... 29
Commentary ........................................................................................................................................32
Towards Improving Psychosocial Health of Survivors of Sexual Violence.......................................32
From Individual Victimization to Community Shaming .......................................................................33
Outputs and impacts of the Institute ..................................................................................................34
Training Curriculum ..........................................................................................................................34
Legal Advocacy ..................................................................................................................................34
Advocacy & Lobbying for Inclusion of Men & Boys in SGBV work .....................................................34
Movement Building .........................................................................................................................34
ANNEX 1: The Institute’s organisational partners .............................................................................35
Refugee Law Project (RLP) ................................................................................................................35
First Step Cambodia (FSC) ................................................................................................................35
Male Survivors of Sexual Abuse Trust, New Zealand .........................................................................36
Men of Hope Refugee Association in Uganda (MOHRAU) ...............................................................36
Men of Peace (MOP) ..........................................................................................................................36
Men of Courage (MOC) ....................................................................................................................37
Introduction

In April, 2013, Refugee Law Project (Uganda), in partnership with First Step (Cambodia), Male Survivors of Sexual Abuse Trust (New Zealand), Men of Hope (Uganda), Men of Peace (Uganda), Men of Courage (Uganda), and with input from International Human Rights Law Clinic, University of California, Berkeley (United States) initiated the South-South Institute on Sexual Violence Against Men and Boys in Conflict and Forced Displacement.

Guided by the theme “Inclusive Responses to Sexual & Gender Based Violence”, this Institute was the first of its kind in sub-Saharan Africa, if not worldwide. It brought together 30 male survivors including both refugees and Ugandan nationals for a week of discussion and reflection on the needs of male survivors of sexual violence during displacement. They were joined by numerous participants ranging from service providers, governmental representatives, academics, policy makers and students.

The intention of this publication is to provide a thorough record of the week’s proceedings through a consideration of the South-South Institute’s various presentations and discussion sessions. Its structure thus follows the programme of the week. Boxes contain reported speech, they do not necessarily reflect the opinions of the organisers and rapporteurs.

The Need for a South-South Institute on Sexual Violence against Men and Boys

The issue of sexual violence against men and boys in times of conflict has only recently begun to attract international attention. Sexual violence against refugee and internally displaced men and boys, although in many respects an extension of the violence experienced during conflict, has received even less attention.

The physical and psychological harm to victims and the need for appropriate responses and services should be a major source of humanitarian, public health and legal concern. The underlying logic of sexual violence in conflict should also be an important consideration for those involved in peace-building, DDR, post-conflict recovery, and transitional justice; survivors themselves identify close connections between their own experiences of sexual violence and subsequent patterns of domestic violence and, in some cases, militarisation. Their experiences with their own families and communities confirm the well-documented reality of trans-generational transmission of trauma arising from torture and other forms of violence. Furthermore, to the extent that sexual violence in conflict is a weapon of war, there is also the question of collective shame to be addressed.

To date, responses to and support for men and boy survivors of sexual violence in conflict and displacement are virtually non-existent. Domestic and international legal and policy frameworks, as well as SGBV discourse, interventions and funding, remain largely focused on women and girls, creating multiple obstacles and barriers to male victims and survivors in need of support.

---

1 This 30 male survivors are representatives of other survivors from Kampala, Isingiro and Gulu representing northern Uganda.
Although some studies in the last five years have begun to uncover the reality of sexual violence against men, the voices of male survivors are rarely heard, and still less involved in developing an appropriate discourse within which to situate policy and intervention or survivors’ individual and collective demands for redress.

While there are important male survivor initiatives in northern countries such as the US, Canada and UK, these are focused primarily on the dynamics of domestic sexual abuse of boys and men, rather than the particular dynamics and challenges of sexual violence in conflict and exile. It was felt that a new institutional centre of gravity was required in the discussion about conflict-related sexual violence.

**Aim and Objectives**

The Institute being the first of its kind and building on extensive work by the partner organisations as well as that of more recently established survivor-led support groups in Uganda, aimed to create a new and different space within which victims, survivors, activists, practitioners and academics could come together to discuss a largely ignored dimension of conflict-related sexual violence, namely that which affects men and boys. Within that, the objectives were

a) to raise awareness of the issue within refugee communities, service providing organisations, policy makers and students

b) to provide an opportunity to reflect, consolidate, strategize, publicise and advocate on the practical questions of medical and psychosocial work with survivors, as well as the legal, political and sociological parameters of working on sexual violence against men and boys

c) to create a safe space in which survivors from several different conflict contexts could meet, share experiences and build new networks.

**Approaches**

The Institute used a variety of methodologies and activities to maximise the safety and the participation of all stakeholders throughout the week. Mixed approaches were adopted; some sessions were open to all, others were restricted to service providers, and others were strictly for survivors and staff working directly with them. This prioritised the mixed needs of survivors, some of whom wished to share their experiences and views in plenary, while others felt comfortable in survivor-only spaces. These approaches did also result in many non-survivors having extensive opportunities to engage directly with or listen to those survivors who felt able and willing to do so. The Institute also utilised different venues for different sessions, in part to ensure confidentiality of survivor participants.

Activities included a scene-setting conference that was open to all, a needs assessment and training for service-provider organisations, a closed workshop for survivors, awareness-raising for legal and medical students, and a final workshop for policy makers including key donors and practitioners. Participation in all sections was by invitation only, and each session had its own participants list, structured to ensure survivor confidentiality wherever necessary. The Institute marked the first event at which survivors who are refugees shared the same space with survivors who are nationals, a process that helped to generate an understanding that sexual violence against men and boys can happen to anyone, be they refugee or not.
PRE-INSTITUTE MEETING

A closed meeting of invited survivors from Gulu, Isingiro, and Kampala districts directly preceded the opening of the South-South Institute. The intention of the meeting, which was held at RLP’s offices in Old Kampala, was to help clarify survivors’ needs and their expectations of the forthcoming Institute. It sought to enable survivors from different geographical, cultural and ethnic backgrounds to feel comfortable and safe, both in terms of physical and psychological security, while sharing space and experience, to learn from each other, to network for future collaboration, and to talk freely and openly. Additionally, it provided an opportunity to clarify the intentions of the conference to the survivor participants and to follow up on previous communications between RLP and representatives of survivor groups who were invited to attend the conference.

During this meeting, survivors responded to a list of provided questions that were designed by RLP staff to guide the Institute’s organizers in ensuring the safety and security of participants during the week’s meetings (see Box 1). In order to facilitate the development of a comprehensive list of the survivors’ concerns and priorities, participants were divided into three affinity groups based on their spoken language. As each of the three participating support groups (Men of Hope, Men of Peace, and Men of Courage) was comprised of members who spoke a common language, each thus comprised a unique affinity group. Each group developed responses to the posed questions and responses were subsequently shared with the group and compiled into one comprehensive list.

The tables below list participants’ responses to each question according to affinity group.

What makes us feel safe?

- Knowing that individuals with similar experiences, particularly members of a support group, are present in the discussion.
- Knowing that many survivors from different communities and groups are present at the Institute as it provides a sense of strength and safety.
- Unity among fellow survivors as well as organizers throughout the conference in addressing challenging questions.
- Emphasis on honest and truth telling among all survivor participants, especially in the presence of various authorities and stakeholders.
- Respect from fellow survivors as well as conference participants. It was noted that courage to narrate stories of trauma could only be achieved in an environment where diverse opinions are respected.
- The possibility to engage with the participation of diverse professional background, irrespective of their gender.
- A confidential and safe space for survivors to narrate their experiences and that permission to film or to do photography should always be sought.
- To be listened to and believed. Survivors were concerned that some people just work for money while others are personate about their work and listens to survivors.
− An assurance that no survivor’s experience is minimized or trivialized, that Equal consideration must be given to each survivor’s testimony.
− Approval of the conference from local authorities as it is reassuring that the local government from survivors’ districts are made aware about the Institute. It was encouraging that Men of Peace were given express permission by Office of the Prime Minister to participate in the conference.

**What makes us feel unsafe?**
− When survivors are further stigmatized
− When survivors are put in a position of helplessness and further victimized or blamed for what happened to them
− A sense of feeling that stakeholders are not committed to support of survivors as individuals and as groups
− The denial and or misrepresentation of male survivors’ vulnerability. Survivors were concerned that some service providers confuse torture and male rape. “You report that you have been raped but at the end of the day, it’s indicated as ‘torture’.”
− Fear of being regarded as homosexuals as some people are not able to distinguish between consensual same sex and rape
− Lack of confidentiality and untrustworthy audience
− Risk of negative public perception, especially in the context of cultural values that do not accommodate understandings of male victimhood as a result of sexual violence.
− Actions, such as unnecessary physical touching, that can lead to flashbacks.

**What issues do you want to discuss at the Institute?**
− Needs of individual survivors including but not limited to medical, psychosocial and psychological needs
− How male survivor support groups can be strengthened and supported to fight stigma and discrimination in society.
− How information on male directed sexual violence can be disseminated to local government structures at district and sub-county levels
− Desirable remedies for survivor groups, including legal reforms
− How to better involve central government in issues that affects survivors
− Security and safety of victims and victim groups
− Strategies for promoting truth telling, reconciliation and accountability and how to assure the legitimacy of perpetrators’ apologies.
− How to deal with domestic violence resonating from experiences of sexual violence of men and boys.
− Legal reforms to enhance access to justice for male survivors of sexual violence
− How to identify male survivors of sexual violence so as they access timely medical and psychosocial assistance
− Strategies for obtaining funding from donors to help survivors in their groups and enable them reach out to community members and carry out advocacy
− How to improve victim-community relations, with regard to stigma and taboos.
What issues are we not sure we want to discuss?
- Homosexuality
- Repatriation (for refugee survivors of sexual violence)

Whom do we feel comfortable talking with?
- Refugee Law Project staff because they know about our experiences and they have been providing enormous support to us at individual and family level
- Women who are willing and ready to listen to our experiences
- People from neighboring communities or countries who underwent similar experiences, for example people in the DRC.
- Experts, including medical, psychosocial and legal personnel
- People who respect and uphold confidentiality
- International media

Whom do we feel uncomfortable talking with?
- Local media because some are known to distort information and disseminate only content that they are interested in
- Government soldiers, such as the UPDF because some of their members are alleged perpetrators. Survivors requested that RLP act as an intermediary between support groups and the military.
- People who cannot uphold confidentiality
- People who cannot respect other’s decisions or opinions

What do we hope for and expect from this Institute?
- To gain information about how to better work with the already established groups
- To attract support and resource mobilization for advocacy on issues of male directed sexual violence in time of conflict
- Collaboration and networking with new partners and allies
- To help make the issue of sexual violence against men known worldwide and to advocate for a durable solution
- To help make humanitarian organizations and other service providers aware and to urge them to take appropriate actions support of male survivors of sexual violence
- Improvement in access to and enjoyment of timely and appropriated legal, psychosocial and medical support for survivors
- To help survivors of violence to recover their integrity, justice and sense of well-being

The pre-Institute meeting for survivor participants shaped the subsequent agenda for the Institute. It is from this meeting that the decision to make the second day (myth bursting) a closed workshop was made. The pre-Institute meeting enabled many of the survivors to seize the opportunity to narrate experiences to wider community members and practitioners. It was clear that confidentiality was central to all the survivors, but that some also wanted to use the opportunity to talk about their experiences to a wider audience.
DAY 1: Scene-Setting Conference - Kolping Hotel

Welcome Remarks
The first day of the Institute was open to all participants and was referred to as The Scene Setting Conference. In his welcome remarks Dr Chris Dolan, Director, Refugee Law Project acknowledged the presence of government representatives, members of academia, service providers, RLP staff members and various international participants. He thanked all those in attendance for taking the time to attend the Institute and for recognizing the urgency of the Institute’s objectives.

Dr Chris first discussed the history and growth of his own appreciation of the importance of addressing the issue of sexual violence against men. It was in 1995, while interviewing ex-combatants in Mozambique as part of an evaluation of a DDR (Disarmament, Demobilisation and Reintegation) Programme, that Dolan first became aware of the urgency and prevalence of the issue.

Dr Chris noted that in the course of several hundred interviews, he came across only one man who chose to speak of the sexual violence he had witnessed while among the ranks of the Mozambican National Resistance movement (RENAMO). To Dolan, the fact that only one person was willing to talk about his experience as a survivor of sexual violence, despite the fact that many had suffered similar trauma, was an indication of the stifling social and cultural stigmas that surround the issue.

In the 20 years since that interview, Dolan has pursued various strategies for addressing the issue of sexual violence against men. Dolan discussed his recent activities in the field, including a presentation on sexual violence against men to a cohort of medical students at the London School of Hygiene & Tropical Medicine.

Dolan additionally discussed his experience upon first visiting Northern Uganda in 1995. Upon arriving, he heard many stories of about male rape but no victims came forward to narrate their own experiences. It was many years before some survivors were willing to tell their stories, largely because the stifling social stigma that surrounds the issue of male rape.

Dr Dolan congratulated and thanked all of the attending survivors for being present and reminded participants that a gathering bringing together such a diverse range of stakeholders with such broad representation of male survivors of conflict-related sexual violence was a first of its kind in the world. While there have been conferences with a focus on dealing with the aftermath of sexual abuse of boys, there has been no close scrutiny of what it means when it happens to grown men, still less what it means when it happens in a situation of conflict, or as a result of the vulnerabilities of being a refugee.

Dolan acknowledged that it is unrealistic to expect to be able to address all challenges faced by survivor groups at the Institute. However, leading up to the weeklong event, RLP developed a list of key challenges that could be examined. These include medical and psychosocial

“We are making history today, right here in this room. Until today, there has been no close scrutiny of what sexual violence against grown men means. These are not easy matters. We are overcoming some big fears and taboos and by being here we are breaking new ground.”

-Dr Chris Dolan
service provision, legal redress (both immediate, and in terms of transitional justice measures after a conflict is over), survivor organization (particularly to recover lost voice, lost livelihoods and lost respect in their communities), and dealing with community shaming so that the community can once again become a source of support to survivors rather than the driver of stigmatization.

**Keynote Speech**

The keynote address was delivered by Mr Ken Clearwater, Director of Male Survivors of Sexual Abuse Trust (MSSAT), New Zealand. In his presentation titled *Sexual Violence Against Men: Myths and Realities*, Clearwater discussed his own experience working with abused men and boys. His intention was to share his own experiences and challenges as the director of an organization providing support to survivor groups but not to “tell Ugandans what to do.” He acknowledged that all survivor contexts differ according to their histories of conflict and their cultures. Clearwater honoured the courage of the male survivors in the room.

**Overview of MSSAT**

MMSSAT is a registered charity organisation, founded by Mr Ian Bennett and works in a number of different places in New Zealand. In some regions MSSAT’s presence is limited to supporting support groups despite the need for wider services, due to financial constraints. New Zealand is home to mixed cultures (Maori, Pacifica Island, Asians) and has a low population with 4.3 million people. Clearwater traveled throughout New Zealand and learned about what happened in Uganda and Cambodia, where he gained an incredible global appreciation for the plight of male survivors.

MSSAT is a support and advocacy group for male survivors to empower their own lives. Confidentiality is emphasized. MSSAT offers one-on-one support using ACC approved counselors (ACC is a government department), and also works with peer support groups. After abuses within the Catholic Church came to light MSSAT also began to offer parent support groups. MSSAT has a community support group that goes into prisons to provide support and investigate conditions. MSSAT provides information and weekend retreats, organizes the Blue-fight Police Camp for men sexually abused as children.

**Clearwater’s story: as a survivor**

Following his own experiences of abuse as an adolescent, Clearwater described how it led him into a pattern of violence that included assaults and arrests and eventually threatened his life when he began to think of suicide as he believed himself a danger to society. His daughters saved his life as their presence reminded him what he had to live for. When he decided to seek for psychosocial support he had difficulty accessing any appropriate services; he described going to the main psychiatric hospital in New Zealand and being sent from door to door by a series of professionals who were unable or unwilling to deal with the
issues arising from his rape as a 12 year old boy. He described how painful it was watch his perpetrator being found guilty of indecent assault because the law did not recognize rape of a young boy.

**Commentary**

In his commentary, Alain Kabenga (President of Men of Hope Refugee Association in Uganda) noted how amazed he had been when he first heard that some survivors were able to narrate their ordeals on national television. He thanked Clearwater for their passionate work in supporting male survivors in New Zealand, something he noted that does not exist in his home country (Democratic Republic of Congo). He was concerned that support to male survivors is still a long journey, as many laws in the sub-Saharan African do not recognize sexual abuse of men and boys, hence fueling homophobic assumptions about male survivors.

According to Alain, such challenges compel some men and boys survivors to prefer referring to themselves as human rights activists but not male survivors because of fear that society considers rape of men as a taboo. In his concluding remarks, Alain called on practitioners at the Institute to provide holistic support to male survivors, just as its relatively available for women and girl survivors. He added that male survivors are also depressed and traumatized and therefore require medical, psychosocial, psychological, livelihood and legal support. He was concerned that access to those services might continue to be a challenge if male survivors continue to live in fear of disclosure while others report incidents as torture but not sexual violence.

**Presentation on ‘Health Realities for Male survivors’**

Dr David Ndawula, who specializes in family medicine, is one of the few medical practitioners in Uganda who has worked extensively with male survivors of sexual violence. His experiences have granted him a broad understanding of the issues and challenges faced by such individuals, particularly in terms of the gaps in the medical field that limit survivors from accessing appropriate clinical services.

Dr Ndawula highlighted how in Uganda definitions of ‘good health’ often fail to be inclusive and comprehensive, and tend to focus only on the absence of diagnosable disease. This, he argued, excludes by definition many of the health issues encountered by survivor groups. Dr Ndawula thus argued for a reconceptualization of what it means to be in good health and proposed a robust and inclusive definition: “A state of complete physical, mental and social well-being and not merely the absence of disease.”
While there exist some data that suggest that male SGBV survivors in the DRC number around 100,000, no quantitative indication of the magnitude of the problem exists for Uganda. Dr Ndawula argued that Uganda’s cultural orientation and values hinder both the provision of effective medical services for male survivors and the development of a comprehensive understanding of the extent of the problem. Ugandan society is traditional and conservative, with strong views on sex and sexuality. This fact makes it very difficult to openly address the challenges endured by male victims/survivors.

Dr Ndawula argued that the various cultural misconceptions in Uganda serve to “drive the abuse underground” and to silence the voices of survivors who are in desperate need of medical and social services. Among the most common of these misconceptions is the idea that rape is a “woman’s issue.” As a result, to discuss rape as a man is seen as emasculating and as a sign of weakness. This phenomenon, according to Dr Ndawula, has introduced a culture of victim blaming in Uganda that limits the effectiveness and viability of various service provisions.

Dr Ndawula continued by discussing a few of the most prevalent health consequences of SGBV against men. Based on his professional observations, sexual violence has long-lasting effects on victims. Victims of sexual violence are more likely to have a major depressive episode, contemplate suicide, and develop alcohol and/or drug dependency. Dr Ndawula emphasized that it is very common for male survivors to be extremely concerned about the implications of their experience on their sexual orientations, some even questioning whether or not they are still men. Post-traumatic stress disorder (PTSD) is very common among survivors. Additionally, the experience can create a vast array of new phobias, particularly relating to physicality or sexual relationships, and social withdrawal is very common.

Dr Ndawula concluded that in the context of a culture and health system that does not prioritize the needs of male survivors, men are in danger of suffering indefinitely in silence. He concluded that until more comprehensive and institutional reforms can be implemented that prioritize the needs of male survivors, the role of support groups and other informal support communities are vital.

He acknowledged that progress towards a survivor-centered health system in Uganda will be slow and will face many obstacles, not least the current donor-funding climate for health programs. According to the doctor, Uganda currently spends a mere $8-12 per citizen annually on health care. Further, the country is facing new challenges in combatting the spread of various diseases. In this context, the doctor warned that it is difficult to secure donor funding for male survivor groups.
Dr Ndawula argued that the creation of a center that specializes in addressing the needs of male survivors would provide an effective approach and would at the same time effectively control costs. Such a center could, according to the doctor, provide not only professional medical care but also a safe space in which survivors could create support groups and receive necessary psychosocial support. To reduce the number of complications resulting from SGBV against men, medical care must be delivered expeditiously, ideally in the first 72 hours following the abuse. The doctor urged that the creation of a specialist center could guarantee the faster and more efficient delivery of necessary medical services.

The doctor also acknowledged challenges that arise from the lack of available health insurance in Uganda that makes receiving comprehensive treatment difficult for survivors. While some survivors may be able to afford one or two visits to the doctor, many are unable to pay for the necessary follow-up consultations.

Finally Dr Ndawula acknowledged an unfortunate tendency for doctors to understand survivors’ health challenges in a vacuum. Medical professionals do the best of treat the survivors’ symptoms but do little to address the underlying, structural causes of SGBV against men.

“We need to create safe spaces where people can speak about what happened to them and receive necessary medical care. This process is not only seeking justice, but also about starting a journey of life-long healing.”
- Dr David Ndawula

**Afternoon Session, April 8th, 2013**

The afternoon session began with a reading letters of support from the South African Parliament and a screening of the video documentary titled, “Hope, Peace and Courage” ([https://www.youtube.com/watch?v=JJ54BcQjxPQ](https://www.youtube.com/watch?v=JJ54BcQjxPQ)). This video clip summarizes the work of support groups: Men of Hope Association, Men of Peace Association and the Men of Courage Association. The video was produced during the RLP’s 5th Annual General SGBVP awareness-raising week ([http://www.refugeelawproject.org/files/others/A_Report_on_the_Fifth_Annual_Sexual_Gender_Based_Violence_awareness_week.pdf](http://www.refugeelawproject.org/files/others/A_Report_on_the_Fifth_Annual_Sexual_Gender_Based_Violence_awareness_week.pdf)), an annual event aimed at advocacy, raising awareness on SGBVP, gender and sexuality issues, strengthening collaborative networks, partnership and coordination with other organizations so as to provide comprehensive support mechanism and litigation to victims/survivors of SGBVP and help break the cycle that leads to domestic violence while in host community.

**Organizational and Movement Building**

The leaders of three male survivor support groups (Alain Kabenga - Men of Hope, Jean Bosco – Men of Peace and Julius Okwera – Men of Courage) each gave short statements introducing brief profiles about their support groups.
**Men of Hope – Alain Kabenga**
- Started in 2009 with 6 members.
- Membership as of April 2013: 69
- Started with the support of RLP during a workshop about male victims of sexual and gender-based violence.
- Has hosted several workshops on issues including sensitization
- Survivors work to provide strength and courage to one another.
- Association has Departments for Men and for Youth
- Association has an Executive Committee and counselors

**Men of Peace – Jean Bosco**
MoP is based in Nakivale Refugee Settlement and includes refugees from a range of different countries. The group began in January 2013 with an initial membership of only four. By April 2013 it had grown to over 49 members. The group meets weekly for an hour, is free, and prioritizes the creation of a safe and confidential environment in which survivors can tell their stories. Men of Peace has a fully functional Executive Committee, a counselor, and an advisor position. The organization hosts various projects including a drama group that meets regularly. Bosco noted that the group faces challenges in identifying survivors within the Nakivale community and struggles to access necessary support services because of the survivors’ gender.

**Men of Courage – Julius Okwera**
- Started in 2012 with support from RLP
- Started as two groups in two districts which ultimately merged into one cohesive group
- Association has an Executive Committee
- Members support each other as a group

**Individual victimization**
This session, given by Julius Okwera (President of Men of Courage) and Benard Okot (Psychosocial Researcher at the RLP) highlighted the issue of community shame arising from un-discussed and unaddressed legacies of sexual violence; given that men are regarded as masculine, yet experience of sexual violence distorts the survivor’s sense of sexuality and masculinity, this can lead to shaming of the entire community. Some survivors were victims of violence in the presence of their family and community members, leaving many with untreated wounds yet unable to seek professional medical support.

Many male survivors in northern Uganda continue to live as primary victims, with severe pain and anguish. Despite some service providers being able in principle to address the needs of male survivors, their services are hardly demanded because they do not have skilled personnel to interview and work with male survivors of sexual violence. In this regard, some survivors resort to abuse of alcohol, while others project violence onto family and community members. It is therefore important that family members are equally
engaged while working with male survivors so as survivors are supported towards comprehensive medical and psychological recovery.

You cannot just work with the victims only; you have to look at the family, society and all those other elements of the community. Always encourage the family given that it needs to support the survivors in order for them to recover. Sometimes the clients enroll on medication without letting the family members know. We need to build the capacity of the family members so that they know what needs to be done. Some of the clients who have been resettled have been sexually exploited in order to get work, food etc. The medical services for the clients are very expensive for survivors, many of whom are struggling with livelihood related challenges.

“**It is hard to live with the perpetrators in the same community… much as the government has granted them amnesty, we have not**”. A male survivor from northern Uganda

Some survivors, especially those from northern Uganda, have some sense of who the alleged perpetrators were/are and yet they are confronted with daunting challenges of having to forge harmony in the same community.

During the session, a participant narrated his personal story while emphasizing that sexual violence against men does not only happen during times of conflict, it can also be perpetrated by close family members, relatives and friends and can happen in churches, prisons and schools. He had the following to say;

“I want to share a personal experience and this is something that I have told a few people. He [the perpetrator] works in Kampala with an NGO. He invited me for a Christmas dance and we were nine men and one woman; when I said I wanted to go back home, he said he would drop the other people and drop me last. He invited me to come to his house and sleep there and I didn’t imagine that he would do whatever he wanted to do. I accepted to come to his house and it didn’t cross my mind that he would do something bad. His house was quiet and when I asked where his family was, he told me they had moved to the village. He invited me to his bed and we sleep there where we can chat... he tried to get me to have sex with him. When I asked him why he was doing that, he overpowered me and we fought for like 30 minutes, I sweet-talked him to just relax and he accepted. That hypnotized him and he fell asleep. I then pushed him and got out of the house and got a taxi, then I called one my colleagues and narrated the ordeals with him. For the first time I realized that I was hopeless and at his mercy. It was strange to me and it was the first time I experienced such an event. This is just to tell us that men can be raped from anywhere in this world, whether in our homes, office or in war situation.”
Psychosocial Realities for Male Survivors

This session, presented by Onen David, Mogi Wokorach and Siranda Gerald (psychosocial support staff under the Gender & Sexuality Programme of RLP) highlighted the challenges of identifying and working with male survivors support group. Bringing male and female survivors together is difficult because men are often regarded as the perpetrators of SGBV in times of conflict as well as in times of ‘peace’, hence hindering access to and provision of services to male survivors of sexual violence. Such deeply held beliefs and perceptions are further compounded by the fact that documentation of sexual violence against men is also largely inadequate. However, when those challenges are not addressed, it further manifests in families, households and communities in the form of domestic violence, further perpetration and separation. Community and social support to male survivors is basically non-existent as inability to provide for the family is automatically regarded as a man’s failure to live up societal expectation of his patriarchal responsibilities.
DAY II: Myth busting - Closed workshop

This was a closed workshop managed strictly by separate invitation to only a handful of people. The objective of this day was to enable survivors seize the opportunity to share experiences with each other as well as provide a safe space where the myths surrounding sexual violence against men and boys could be broken. Key myths were discussed and survivors seized the opportunity to share their experiences and provide peer support to each other.

The following key myths were discussed during this closed workshop
- another man cannot rape a fellow man
- men who erects when they are raped must have enjoyed it
- men who are forced to rape women cannot be victims
- men who rape other men must be gay
- women cannot be perpetrators of sexual violence against men and boys
- The only form of sexual violence against men and boys is anal rape
- any refugee who claims he has been raped is just looking for resettlement
- sexual violence against men and boys cannot provoke PTSD

From the testimonies shared, the following key forms of sexual violence against men and boys were noted
- oral rape, as well as rape using objects (e.g. screw-drivers, bottles)
- having ropes tied to the genitalia and being pulled around by this rope
- having electric wires attached to the genitalia, through which electric shocks are administered
- linking two men using ropes tied to their genitalia and making them walk in opposite directions
- being made to dig holes in the ground, or in trees, and then to rub themselves in that hole to the point of ejaculation
- being forced to have vaginal sex with women of the same ethnic identity who are also being detained
- being forced to have anal or oral sex with fellow detainees, or with brothers, or fathers
- being forced into sexual acts with your own spouse, while being watched by children, parents etc.
- being used as a mattress while soldiers rape their family members on top of them
- being held for lengthy periods of time as sexual slaves
- forced circumcision, castration, and other forms of genital mutilation

Another central issue discussed in this workshop was the need to break ‘silence’ something that all the survivors noted as a key barrier to reporting cases and accessing services. All the survivors noted that there is need to tackle the root causes of the ‘culture of silence’. The following (verbatim) points on ‘silence’ were captured during the discussion:
Even though there was expressed need to narrate testimonies, survivors advised members to take necessary precautionary measures before narrating their testimonies to some people as they might risk further attacks and re-victimization.

Through a group session, survivors came out with the following strategies

- Develop confidence, determination and courage in order to be able to reveal status to people close to you
- Weigh up and decide on appropriate or better approaches before you reveal your problems out
- At the initial stage don’t involve everybody; begin with people who are close to you and whom you trust
- Start with your family, starting with your wife, then to clan and community
- Be ready for any consequences whether negative or positive
- Consider appropriate time and space for the dialogue
- Where possible, name and share the perpetrator
- Depending on the situation, consider a third party for intervention/mediation e.g. Doctor, Counselor or a friend.
Male survivors wishes and needs
Alastair Hilton of First Step Cambodia took survivors through a group exercise on what their wishes and needs are. Below is the feedback from the group exercise.

What do we need?
- Individual, family and group psychosocial support
- Timely and professional medical attention
- Livelihood and other income generating support to male survivor groups
- Interpreters (for refugee survivors) at all major service provision points (e.g. main government hospitals)
- Functional toll free telephone help line for male survivors
- Inclusion of men and boys in SGBV services

What qualities do we want from the people we meet? How do we want them to behave towards us?

Someone who is;
- Able to maintain confidentiality
- Friendly
- Tolerant to the situation, is able to handle the situation and is transparent
- Able to solve the problem with honesty
- Adequately trained on how to respond to medical and psychological needs of male survivors
- A good listener
- Cooperative, kind and honest
- Compassionate
- Non-judgmental
- Empathetic

What environment is necessary?

The environment must be;
- Welcoming
- Courteous, quality of confidentiality that gives confidence
- Physically secure and safe
- Comfortable
- Trusted
- Quiet and comfortable
What “Messages” do you have for the service providers?

- Support us to fight the sexual violence
- All humanitarian agencies to help and understand the victim and not to blame them
- Have radio talk shows
- Exchange visits to other regions
- Organize meetings with other survivors from within and outside the country.
- Inclusive legislative and policy protection
- Understand the problem of the victim
- Widen support to male survivor support groups.
DAY III: Training Needs Assessment & Legal Round Table

This was a unique day with two separate sessions running concurrently. There was a training needs assessment for service providers at Kolping Hotel and a Legal roundtable for legal practitioners at Grand Imperial Hotel. Invitation letters were served differently and accordingly.

Training needs assessment

Opening remarks
Alastair Hilton (First Step Cambodia) in his opening remarks thanked everybody for attending the workshop. He affirmed that the workshop, though very much the beginning, is an important process of bringing service providers together. He also mentioned that he first met with the RLP director after reading the article about the rape of men and boys in DRC and Northern Uganda that was published in the Aljazeera website and it was the first story of ‘Gender Against Men’. Alastair reminded participants that such a workshop was a major milestone in enabling men and boys to access services.

The main purpose of the day was to conduct training needs assessment. A great number of service providers working on SGBV are ill equipped technically on how to work with men and boy survivors, let alone resources to facilitate their work. Alastair has been involved in social work for over 30 years and throughout the time in social work the issues of sexual violence against men and boys have always existed but with no major changes in service provision for male survivors. Boys and girls, men and women are abused sexually, but available services are majorly geared towards tackling medical and psychosocial needs of women and girls.

Survivors of sexual violence, be they men, boys, women or girls, communicate their experiences through different avenues like self-harming and end up getting locked up in prisons partly because they do not have appropriate avenues to report experiences and get required support. Alastair in his concluding remarks appealed to participants to work together as service providers to create an enabling environment for men and boys survivors of sexual violence to share experiences confidentially.

Brain storming on possible definitions of sexual violence
The facilitator tasked participants in brainstorm session to come up with different understandings of the concept sexual violence.
Definitions offered by Participants

- Any unwanted sexual act where consent is denied or not possible (status, force, age, ability, understanding)
- Includes contact and non-contact forms of abuse
- Includes male and female perpetrators of any age.
- Penetration of anus, mouth etc (by penis, digits, objects).
- Forced oral sex, masturbation
- Forcing and/or coercing victims to take part in sexual acts with other
- Sex involving animals.
- Pornography
- Sexual exploitation

Participants’ motivation

The facilitator asked participants what motivated them attend the workshop. Below were the key motivations raised.

- To forge means of aligning training curriculums to include how to work with men and boys
- To demystify deeply held myths surrounding sexual violence against men
- To learn and share experiences with colleagues who are working with male survivors
- To learn how to design trainings for service providers
- To network with the players in the field for effective referrals of survivors
- To initiate lobbying strategy to services providers and donors
- To learn how some humanitarian workers including those supporting male survivors deal with work related stress
- To get strategies for including men and boys into available services
- To find options for dismantling existing legal systems
**Myths, beliefs and facts about male survivors of sexual violence**

The topic was introduced to the participants and they were asked to form into affinity groups where they were asked to discuss the myth, beliefs and facts that exist in the community.

The following myths, believes and facts were identified from the group discussions:

- The physical makeup of men does not expose them to abuse
- Men who seek help after sexual abuse are weak
- Culturally men are not exposed or affected by sexual violence
- A man is too strong to be raped
- Male survivors end up being gay or perpetrators and cannot be a husband
- When a man is raped, he should be given a woman’s name like a girl
- Men who have been abused cannot produce children
- Men cannot be raped and only women can be raped
- A man cannot be raped by a woman
- Abused men and boys cannot perform sexually
- Men and boys are always the perpetrators and never the victims of violence
- Community should not associate with victims/survivors of sexual abuse as they are regarded as outcasts
- Men should not she tears but be strong as heads of families and community
- Sexual violence only affects women and children psychologically as men and boys are strong and can come over the situations easily
- Men and boy survivors of rape become impotent and unable to produce

**Beliefs**

- Men are not concerned when gender issues are being discussed
- Humiliation as a result of sexual violence lives with the male survivors for the rest of his life/lives.
- Sexual abuse against men traumatizes them for the rest of their life as well as the family member’s hence behavioral change.
- It is a shame and the perpetrators state of mind must not be alright
- It is taken as normal when a boy has sexual relationship with an adult woman
- Perpetrators are mostly men
- Male survivors are always cruel and aggressive
- Men and boys should never be defeated in life and once it happens, the men lose their masculinity
- Men who usually exploit other men and boys are wizards and should be killed.
- A real man is not supposed to cry even when he is in pain
- Community believes that sex-related issues should be discussed in bedrooms and not physically.
- Sexual and Gender Based Violence mostly affect women
Facts

- Sexual violence against men and boys can happen in different ways and not only rape
- Men who are sexually abused can still produce and erect.
- Both men and boys can be raped
- There is no immunity for sexual violence
- Men and boys can be raped by women
- Men and boys are always nurtured to solve their own problems and never disclose them to others. That is why many always choose to die silently
- The legal and community systems are not strong enough to protect male survivors and victims of sexual violence
- Uganda’s school curriculum does not mainstream issues related to sexual violence against men and boys
- Few organizations are established towards protecting men and boy children and yet there are many organizations working on women and girls’ issues with less mainstream of male and boys’ issues in their programs
- The Ministry of Gender, Labor and Social Development is not addressing men and women issues to promote gender equality.
- Sexual abuse to men and boys can happen to everyone in peaceful moments or in armed and conflict.
- Sexual violence against men and boys can happen in homes, prisons, safe houses, offices, schools, missionaries, roads
- Both men and women can be raped as well as be perpetrators
- Psychological torture is endemic for male survivors
- There is silence in African culture about male survivors
- Male survivors exist and are also psychologically affected and are vulnerable.
- Male survivors of sexual abuse are also entitled to service provision as well as women
- Most of them are stigmatized as a result they fear to come out
- Sexual violence against men and boys is a reality
- Male survivors sometimes require expensive surgeries to repair the damage
- Communities can blame survivors of rape; “they are the ones who look for it”
- Few organization / service providers spearheading advocacy for male survivors
Working with male survivors: Things we find difficult/challenging/dislike-things we like/find easier

Feedback

- Some male survivors hold back information from women due to superiority feelings
- Limited knowledge by the service providers about where they should refer men to for help
- Statements made by survivors such as “I feel like I am a woman” are not pleasing to women
- Some male survivors do not want the person they have confided in to share the information further, making referrals for additional service provision problematic
- Lack of consistency in information flow from the male survivors and the whole process of helping
- Men are at times reluctant to talk to female service providers
- Diverse cultural backgrounds can lead to failure to understand each other
- Men have difficulty in expressing themselves and opening up
- Men have difficulty in expressing emotions thus hard to read them and know whether you are progressing with the counseling or not
- Because of lack of trust and feelings of shame it takes a lot of time for them to open up and they end up not seeking medical help

Things we like and find easier with male survivors

Male survivors
- Are often emotional and communication becomes easier once they open
- Once they do decide to speak out they are quite direct
- Have capacity to make a big impact in society and they are straight to the point
- Are more credible and resilient which helps them move on with their lives despite whatever happened to them
- Have lower expectations than women
- Bond more when in the group support and demonstrate unity and continuity
DAY IV: Awareness Raising for Medical and Legal Students

Eunice Owiny (Senior Counselor, Refugee Law Project) welcomed the medical students from Makerere University to the fourth day of the Institute that took place at Grand Imperial Hotel, Kampala. She briefly recapped on proceedings of the previous days of the Institute and described her own experience of working with male survivors of sexual violence. She added that access to and provision of timely and professional medical attention is crucial for psychosocial healing.

Opening remarks

Dr Chris Dolan (Director, Refugee Law Project) welcomed participants to the fourth day of the Institute. He highlighted that there is a reason why the map on the Institute’s logo shows the southern hemisphere. A lot of discussions and interventions on sexual violence against men and boys have deliberated more in the northern hemisphere and thus the need to share discussions and experiences with experts working in that geographical location.

He emphasized that to bring about inclusive response to sexual and gender based violence requires that various professionals including legal students, be involved. Addressing the medical students he urged them to start deconstructing some of deeply held myths which they already known about violence against men and boys and start providing inclusive medical support.

“For many years, most discussions around SGBV have been specifically on violence against women and girls; however, our advocacy should become more inclusive and supportive to both men and women in a holistic way as highlighted by the agenda of the South-South Institute. The idea of rape as a weapon of war works in such a way that soldiers, whether government or rebels, do it to push their military agenda. When not addressed early, it leads to community and family shame and sometimes isolation, abandonment and humiliation of survivors by their families and communities.” Dr Chris Dolan

A film titled “Gender Against Men” was screened to participants to further highlight some of the realities that male survivors are confronted with.

Medical and Psychosocial needs of survivors of sexual violence

Dr David Ndawula (Ntinda Family Doctors, Kampala) began his presentation by calling upon participants to change the way they look at the issue of sexual violence, to include men and boys as survivors/victims. According to Dr. David, it is important for medical people to understand sexual violence in depth because it is critical and it affects service provision. Many survivors tend to seek medical attention first before visiting other service providers, yet the way medical practitioners approach survivors tends to become a complete turn-off, as they are not informed on issues surrounding sexual violence against men and boys.

Medical practitioners are essential in determining healing for SGBV survivors and it is therefore important that they work closely with other service providers such as the police in facilitating access to justice for survivors. According to Dr David, medical practitioners are important mouthpieces for survivors because they hear many personal stories of patients.
In his concluding remarks Dr David acknowledged that current medical training provides for services to female survivors of sexual violence but is silent on the vulnerability of men and boys and how to respond to their medical needs. He reaffirmed the need to make services inclusive for women, girls, men and boys.
DAY V: Roundtable for Policy Makers

For the last day of the Institute invitations were extended to key people in government, policy makers, donor community, diplomats and other international organization working on Gender, including some participants who participated in the course of the Institute in the earlier days.

Opening remarks

Dr Chris Dolan welcomed participants and thanked them for honoring the invitation. He briefed participants on key events that had happened from the beginning of the Institute, and then gave a presentation on the prevalence of conflict related sexual violence against men and boys in conflicts around the world. He noted that the South-South Institute on SV against men and boys in conflict displacement came in not because all the people involved are coming from the south but because much of the violence is happening in the global south.

Before screening a video titled “They Slept with Me”, Dr Chris noted that the status of being a refugee creates additional vulnerabilities and further disables survivors from seeking support in the country of asylum as they are confronted by other challenges such as language barrier and xenophobia.

Towards a legal advocacy agenda - Presentation on Legal Options for Male Survivors

Professor Fletcher (Director, International Human Rights Law Clinic, University of California Berkeley) shared how on the basis of her wide experience in practicing Law she believes that Civil Society are in strong position to advocate for survivors of male sexual violence to access the justice they deserve. She noted that international criminal law provides useful elements for prosecuting sexual violence. In outlining the contemporary evolution of jurisprudence on sexual violence she described how the International Criminal Tribunal for Rwanda (ICTR) and the International Criminal Tribunal for former Yugoslavia (ICTY) in establishing rape and other forms of sexual violence as constituent elements of genocide, crime against humanity, and war crimes. However, she also noted that despite these developments in existing jurisprudence, sexual violence remains unresolved in the most affected countries due to legal bottlenecks and difficulties producing evidence sufficient to meet international standards for prosecuting such crimes.

Prosecutions for sexual violence against men remain a major challenge as seen in the case of Prosecutor V Tadic in the former Yugoslavia where the prosecutor charged the defendant with persecution and inhumane acts as crime against humanity, as well as torture or
inhuman treatment as a war crime, but not with rape as a crime against humanity. By contrast, in the case of Prosecutor V Cesic in which the Cesci forced two Muslim brothers to perform fellatio on each other, he was convicted of rape as a crime against humanity as well as humiliating and degrading treatment as a war crime.

In the context of Sierra Leone, she urged participants to consider the case of Prosecutor V Kallon and Gbao. This was a case in which the accused who were RUF commanders were charged with outrages upon personal dignity as war crimes for two separate incidents that involved offenses against men and women. Whereas the prosecutor initially failed to charge the acts of sexual violence against men the court noted the evidence on the record and cured the defect in the indictment. The court explicitly stated that ‘both men and women can be victims of rape’. The International Criminal Court (ICC) also recognizes rape as a serious crime that involves coercion that can be established by some degree of force, threat, or oppression.

In the case of Prosecutor V Kenyatta, the International Criminal Court found that there were reasonable grounds to believe that the defendants were responsible for murder, 39 cases of reported rape, and at least 6 cases of forcible circumcision among others. Chief Prosecutor Ocampo moved to charge the crimes of forced circumcision, and sexual mutilation as ‘other forms of sexual violence’ under Article 7(1)(g) of the Rome Statute. But ICC Judges disagreed citing that ‘not every act of violence which targets part of the body commonly associated with sexuality should be considered an act of sexual violence’. They categorized the acts as ‘other inhumane acts’.

Acts of sexual violence may constitute violations of the rights to life, the right to physical integrity, the right to be free from torture, the right to health, the right to equal protection of the law amongst others. These rights are codified in treaties that Uganda has ratified: International Covenant on Civil and Political Rights, International Convention on Economic, Social and Cultural Rights, Convention on the right of the child, Convention Against Torture, Convention on the Elimination of Racial Discrimination and African Charter of Human and Peoples Rights. Some of these treaties have monitoring bodies that allow for individual petitions. Victims who are Ugandan citizens or permanent residents might be able to file petitions before these bodies claiming that their rights were violated. For example, Uganda ratified the ICCPR and its Optional Protocol in 1995. The protocol gives the Human Rights Committee competence to examine individual complaints with regards to violation of ICCPR. In at least one petition dealing with torture and sexual violence against men, the Human Rights Committee found that Libya violated its obligation under the ICCPR when it illegally detained, tortured and raped a man.
Male victims of sexual violence could also file petitions before the African Commission on Human and Peoples’ Rights claiming a violation of their rights including; the right to physical integrity, the right to non-discrimination, the right to be free from torture, the right to a remedy, the right to health, the right to equal protection of the law. The African Commission has held that rape of women and girls is a violation of these rights hence it establishes a strong precedent to be extended to sexual violence against men.

Victims may also be able to bring cases before the East African Court of Justice (EACJ) on the basis that sexual violence is a violation of the principle 6 of the treaty for the Establishment of the East African Community. Principle 6 obligates states to uphold fundamental principles, including “the recognition, promotion, and protection of human and peoples’ rights in accordance with the provisions of the African Charter of Human and Peoples’ Rights.” Whereas EACJ exist, an optional protocol needs to be passed before EACJ can assume full jurisdiction over Human Rights cases.

Prof Laurel had the following key recommendations to make;

- Draw on International Law to change domestic law. In Uganda, for example, a shortcoming of the Penal Code is that it recognizes rape as a crime against a woman but excludes the possibility of male victims; this has created a huge barrier to accountability of perpetrators of sexual violence against men, and criminalization of sodomy. Penal Code reforms would enhance access to justice for all victims, whether citizens or refugees.
- Expand understandings of justice not to consider only criminal/retributive justice for perpetrators but also listen to the survivors/victims and provide remedial measures such as provision of healthcare to individual survivors and their families and affected community.
- Transitional Justice should not only wait until the conflict is over to begin the process that leads to societal recovery. Stakeholders should advocate for reparations for Ugandan male victims of sexual violence as part of on-going Justice Law and Order Sector (JLOS) plan for reparation.
- Support individual and collective petition on behalf of male victims of sexual violence otherwise it can be framed as lack of access to justice for violation of rights. The state has an obligation to investigate crimes and provide access to justice. The petitions could help seek reforms of domestic law as well.
- Hold the state accountable and to take affirmative action to prevent sexual violence against men and boys, and women and girls.
- Address the confusion between homosexuality and sexual violence against men in Uganda, to enable male victims of the violence access the justice they deserve.
- put into action key discussions generated from the Institute to contribute to the process of seeking appropriate mechanisms and redress for victims. Ordeals from survivors are key inspiration for aggressive work on improving International and Regional legal Instruments.

**Commentary**

In his commentary, Stephen Oola (Programme Manager, Conflict-Transitional Justice-Governance, Refugee Law Project) noted that there is need to petition the Constitutional Court on the grounds of discriminatory language in the definition of rape. However, this cannot take effect unless different players and professionals such as the police and health workers are not co-opted in the struggle against sexual violence against men and boys. He had the following points of recommendations to add to that of Prof Laurel;

- Initiate curriculum reforms at law school and other institutions to broaden discussions and definition of rape to also include that of men
- Explore non-judicial mechanisms such as Human Rights and Transitional Justice
- Support legislative proposals such as the National Reconciliation Bill because it contains key element for accountability over crime(s) committed
- Build movement for survivors and establish working groups just like RLP is doing for survivors of sexual violence
- Engage with the UN Office of High Commissioner for Human Rights to develop a toolkit for documentation of International Crimes to avoid repetitive interviews with survivors of sexual violence.

**Towards Improving Psychosocial Health of Survivors of Sexual Violence**

Dr David Ndawula’s presentation highlighted that, whereas there is daunting need to improve psychosocial health of survivors of sexual violence, the opportunity to actualize the need is being challenged by numerous factors including; growing social problems in the society being shielded by myths and misconceptions pertaining the reality and way forward, cultures of silence about problems amidst us, underfunding of health systems giving inadequate longitudinal care thereby impeding progress towards improving psychosocial health and increasing vulnerability mortality and morbidity among all populations affecting both their physical and psychosocial health. As a result, we can not claim ownership of success in improving health but must own the missed opportunity and work towards having broader discussions on our cultures, male sexual violence and societal values that may be promoting the vice.

Dr David passed the following recommendations;
- It is therefore paramount to get key actors together to champion information gathering to build a case for improved services, and clarify issues on the ground
- Communities and key actors should be engaged in discussions to create awareness and understanding that the problem of male sexual violence and related psychosocial health problems exists
- Improve health services response and specialized health services to survivors remain key in the struggle to improving wellbeing of survivors
- Improve national legislations that addresses bottleneck that often affect access to care and justice for victims and survivors of sexual violence and key policies and protocols be developed by authorities and professionals and communities
- Sensitize helpers/professionals on the legal and psychosocial health issues therein
- Build capacity of relevant stakeholder’s example health providers to ensure professional care and responses
- Develop a screening policy and referral network as well as information and educational materials for psychosocial and health providers

“It is indispensable to develop specialized services for the victims and survivors of sexual violence and other affected stakeholders to include; surgical services, forensic services, psycho-social services, support groups, protection and legal services to support promote professional and improved psychosocial health services for victims and survivors of sexual violence.” Dr David Ndawula

From Individual Victimization to Community Shaming

According to the two presenters, Fred Ngom Okwe and Benard Okot (Both psychosocial support staff at Refugee Law Project – Gulu Office), community shaming is incomplete without an understanding of the devastating impact of sexual violence against men in conflict. Its effects are often explained as the root causes of social disorder in societies where alcohol, suicide, drug abuse and indeed domestic violence are but symptoms of this underlying trauma. In northern Uganda, military forces allegedly at the forefront of the rape of men in Northern Uganda code-named the operation “Operation Pacify North”. The act of rape of a man is referred to locally as “Tek-Gingu” meaning “hard to bend”.

Since then, the victimization of the Acholi people has had impacts that go beyond individual victims to include loss of control of families, cultures and the entire society. Notably, the Acholi people continue to feel immense rage and shame, right from individuals, families and through to the entire ethnic victimization. These feelings are apparent in the symptoms of depression, family violence, suicide and addictions that prevail in communities and can be described as a dark period in the cultural development of Northern Uganda.

The humiliation of men and boys by combatants in front of their children, wives, parents, relatives and friends through sexual violence paves the way for grave shame to the entire community. However, when not addressed in a timely and professional manner, such shame can be passed on to future generations, hence setting a society on a conflict time bomb.
Addressing Community Shame

The aftermath of sexual violence against men and boys is a huge challenge for both primary and secondary victims and must be understood and addressed from individual and family through to community level. Addressing community shame requires multi-sectoral collaboration as well as strategic community engagements through the existing leadership structures in communities. The presenters called upon participants to join hands in conducting community video screenings, supporting survivors support groups and conducting psychosocial support to individuals and families of the affected.

Outputs and impacts of the Institute

Training Curriculum

The workshops with survivors and service providers, as well as with medical and legal students, were important steps in the development of a clinical management workshop to be run for medical staff in refugee settlements, as well as a professional training course on working with men and boy survivors of sexual violence in conflict and displacement.

Legal Advocacy

The presentation of findings of legal research conducted by the International Human Rights Law Clinic of University of California, Berkeley, and the roundtable with legal experts, informed the development of a legal advocacy agenda designed to ensure that national, regional and international legal frameworks are inclusive of men and boy victims of sexual violence in conflict and asylum situations.

Advocacy & Lobbying for Inclusion of Men & Boys in SGBV work

The Institute added considerable momentum to the development of evidence-based interventions to include men and boy survivors of sexual violence in mainstream SGBV programming: The proceedings of the Institute have been captured in a short promotional video (http://www.refugeelawproject.org/resources/video-advocacy.html?slg=1st-south-south-institute-on-sexual-violence-against-men-and-boys&orderby=latest) being used to inform a range of stakeholders with a direct interest in working with male survivors. These include:

- The Office of the Special Representative of the Secretary General on Sexual Violence in Conflict, as well as the SRSG on Internal Displacement
- The UNHCR and its Implementing Partners in refugee settings
- Domestic Human Rights bodies such as the Uganda Human Rights Commission
- International legal bodies such as the International Criminal Court.

Movement Building

By bringing together representatives of three different groups of survivors, the Institute enabled self-advocacy by male survivors of conflict related sexual violence, and ensured that survivor perspectives informed a wide range of intervention.
ANNEX 1: The Institute’s organisational partners

The Refugee Law Project’s organisational partners in this initiative have been working with male survivors in Uganda, Cambodia and New Zealand for a number of years. They have garnered considerable experience in the identification of, and outreach to victims, the provision of appropriate medical and psychosocial support, the training of service providers, and advocacy and awareness-raising ranging from the local to international level.

Refugee Law Project (RLP)

RLP was established in 1999 to work with refugees and has since expanded its mandate to include assistance to internally displaced persons (IDPs) and other forced migrant groups. RLP soon realised that sexual violence against men and boy refugees is a serious problem in all the populations with which it works. In 2009, RLP established a special programme to deliver legal and psychosocial support to survivors (including medical referrals) coupled with advocacy and awareness-raising.

In addition to its own awareness-raising through the production of video documentaries such as “Gender Against Men” and “They Slept With Me”, RLP partnered with Johns Hopkins University in the development of a screening tool for the earlier identification of men and boy survivors. RLP’s knowledge and skills base emerged through close collaboration with self-managed survivor support groups within the refugee and IDP populations.

Some of this work has recently been reflected in RLP’s publications such as the UNHCR Need to Know Guidance Note on Working With Men & Boy Survivors of Sexual and Gender-Based Violence in Displacement (July 2012), as well as media work such as appearances on the BBC World Service programme An Unspeakable Act (August 2012). RLP has extensive experience working with men and boys and grassroots level experience through mobilising men and boys in urban and settlement contexts. This is captured in Mobilising Men in Practice: Challenging Sexual & Gender Based Violence in Institutional Settings – Tools, Stories, Lessons (Jan 2012).

First Step Cambodia (FSC)

First Step Cambodia was founded in 2010 in response to the very first research in Cambodia to focus on the sexual abuse and exploitation of boys and men. In 2008, FSC published an extensive report on the experiences of boy survivors of sexual violence in Cambodia titled I thought it could never happen to boys. FSC provides a range of psychosocial services to male survivors, their families and supporters and has developed a unique training curriculum, providing training and support for NGO staff, authorities and individuals across the spectrum of the social welfare, medical and legal fields. Through their advocacy and education programs, FSC has also contributed to a number of national research studies in

---

2 https://www.youtube.com/watch?v=mJSi99HQYYc
3 www.unhcr.org
4 http://www.bbc.co.uk/programmes/p00vxx55
5 www.refugeelawproject.org
Cambodia and initiatives aimed at the development of appropriate services for male survivors of sexual abuse across the South East Asian region.\(^7\)

**Male Survivors of Sexual Abuse Trust, New Zealand**

MSSAT originally started in New Zealand in 1991 as a support group for men who had suffered sexual abuse in childhood or rape as adults. The three survivors who started registered MSSAT as a Charitable Trust in March 1997. Since its inception, MSSAT’s mandate has expanded to include advocacy for political change and increased awareness of male victim/survivor issues within New Zealand. MSSAT now has three Trusts in New Zealand (two in the North Island and one in the South) and support groups in several regions of the country which are working to establish additional Trusts. MSSAT facilitates peer support groups, one-on-one peer support, groups for partners, parents and caregivers of survivors, and employs a Community Support Worker in New Zealand’s prisons.\(^8\)

**Men of Hope Refugee Association in Uganda (MOHRAU)**

MOHRAU is a support group and an association for male survivors of sexual violence that emerged from RLP’s work with individual survivors in 2011. By the time of the South-South Institute the initial group of six men had grown to more than eighty. The group was formed in response to increasing numbers of male individuals presenting with challenges resulting from sexual violence and the need to overcome those challenges.

One of the major challenges faced by the group is the refusal of community members, refugee service providers and government line ministries to distinguish between consensual and non-consensual same sex relationships. Male survivors of sexual violence continue to be assumed to be homosexuals by various key stakeholders.

Men of Hope actively seeks to address this misunderstanding and misrepresentation of male survivors of sexual violence, not only though collaboration with Refugee Law Project but also with other stakeholders in Kampala and in Uganda’s various refugee settlements. More broadly, however, the group seeks to address the legal, physical, psychological, psychosocial, psychosexual and political challenges faced by male survivors of sexual violence with the hope of raising awareness of the need for legal reforms and inclusive responses to service provision. It is in this context that Men of Hope organised and began to conduct training in human rights and protection for their members.\(^9\)

**Men of Peace (MOP)**

MOP is a self-established support group located in Nakivale, one of Uganda’s largest refugee settlements. Formed in January 2013, the group is one of largest and fastest growing refugee support groups affiliated with Refugee Law Project. With an international membership, Men of Peace is currently comprised of 180 members. The group has a strong focus on helping its members to re-establish their economic livelihoods, an integral component of recovery.

\(^7\) [www.first-step-cambodia.org](http://www.first-step-cambodia.org)

\(^8\) [www.survivor.org.nz](http://www.survivor.org.nz)

\(^9\) [www.refugeelawproject.org](http://www.refugeelawproject.org)
The group’s focus is on helping its members to recover from the experience of sexual violence through a process of transformation from victim to survivor. This is done through provision of peer psychological, psychosocial, physical and direct supports aimed at helping members re-establish their economic livelihoods as an integral component to recovery.

The group is comprised of refugees from Nakivale’s three administrative zones within the settlement (Njuru, Rubondo & Base camp). The group holds frequent meetings and conducts community outreach initiatives that seek to sensitise the refugee community on the plights of male survivors and to hold service providers accountable in their protection.

**Men of Courage (MOC)**

MOC is a male survivors’ activist group affiliated with Refugee Law Project. In 2009 Refugee Law Project produced a documentary entitled ‘Gender Against Men’, a film that featured the rape of men allegedly committed by Ugandan government soldiers in the late 1980s and early 1990s. In 2011, while conducting a study on access to justice for survivors of sexual and gender based violence in Northern Uganda, RLP was informed by individuals who had seen the film, that numerous male victims of sexual violence were still living in the study area. Individuals who were willing to be interviewed formed the nucleus of Men Of Courage, a group that now comprises more than forty members from seven districts of the Acholi sub-region. The average age of the members is over 50; given that many of these survivors did not receive appropriate\(^\text{10}\) medical, legal, psychosocial or psychological services or support from government or civil society organizations at the time of their victimization, many continue to struggle with unresolved physical and psychological pain arising from acts of sexual violence committed during more than twenty years ago. Furthermore, communities continue to discriminate, stigmatize and exclude these survivors, as male rape is a concept that is not understood in the Acholi\(^\text{11}\) cultures because any same-sex sexual act is regarded a taboo.

Refugee Law Project initially interacted with only a few of the individual survivors identified by community leaders during the access to justice study mentioned above. However, since the study’s completion in 2011, RLP has been able to reach more than 40 survivors in the

\(^{10}\) By the word ‘appropriate’, we mean services which are required by the survivors and are availed at the right time, place and by the right person. We have documented stories of male survivors who have been referred to female gynecology for treatment.

\(^{11}\) Nilotic luo speaking people occupying geographical northern Uganda
districts of Gulu, Amuru and Nwoya. As part of its efforts to ensure the comprehensive healing of Men of Hope’s members, RLP recently partnered with various medical service providers in Gulu, including Lacor Hospital, to provide medical support including surgeries to members with “Untreated Wounds” (https://www.youtube.com/watch?v=rPdL9fohMqk).

*The International Human Rights Law Clinic, University of California, Berkeley (IHRLC)* designs and implements innovative human rights projects to advance the struggle for justice on behalf of individuals and marginalized communities through advocacy, research, and policy development. The IHRLC develops collaborative partnerships with researchers, scholars, and human rights activists worldwide, and students are integral to all phases of the IHRLC’s work in addressing the most urgent human rights issues of our day.
Report compiled by: Onen David Ongwech

Edited by: Dr. Chris Dolan