

Caring for male and LGBTI sexual violence survivors: learning from local organisations

Sarah Chynoweth

Local organisations responding to the Syrian humanitarian crisis are at the forefront of providing care for both male and LGBTI survivors of sexual violence.

Awareness of the vulnerabilities of boys and men and of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals to sexual violence has increased among humanitarian actors responding to the Syrian humanitarian crisis. Sensitised, targeted services, however, remain scarce. While services for boy survivors do exist, international humanitarian personnel often say that they do not know how to assist either adult male or LGBTI persons who have suffered sexual violence. These concerns are understandable, given the potential for harm in poorly designed interventions and that evidence-based guidance on how to develop effective interventions for these populations is limited. Replicating models designed for women and girls or simply rebranding gender-based

violence (GBV) services as ‘gender-neutral’ is ineffective and may be harmful.

Learning from local organisations

A number of local and community-based organisations across Iraq, Jordan and Lebanon are spearheading the provision of critical services for these two groups of survivors. They are often local women’s, LGBTI or human rights organisations that have been confronted by the needs of ‘untraditional’ survivors (those not usually identified) and have then adapted their programming. In the Kurdistan Region of Iraq (KRI), for example, Rasan Organization, a local women’s rights organisation, began engaging with men around issues of gender equality. LGBTI Syrians who had suffered sexual violence started coming forward

to seek services, and the organisation expanded and tailored its programming to include them. Another group in KRI, the Women's Rehabilitation Organization, which provides GBV services to women and girls, began encountering a number of men and boys who had suffered sexual violence in Syria and in refugee camps, and so adapted and extended its programming to them.

Key to the success of these organisations in meeting the needs of both male and LGBTI survivors is their close collaboration with affected communities and their decision to provide targeted, complementary services. They recognised that both male and LGBTI survivors require specialised and differentiated care, and that people from both groups can feel uncomfortable accessing care through female-oriented service points. The organisations also identified areas of overlap with traditional GBV interventions, such as community awareness raising around sexual violence, into which addressing male and LGBTI survivors could be appropriately integrated. They worked to tackle the many barriers to accessing care that male and LGBTI survivors share, such as negative attitudes from care providers, destructive socio-cultural norms and lack of awareness of available services.

For example, the Institute for Family Health in Jordan only discovered that a number of men in Za'atari refugee camp had experienced sexual violence in Syria when women began coming forward to ask for services for their husbands. Their response was to: ensure providers were trained in the clinical management of male rape survivors; integrate awareness raising on sexual violence services for men and boys into their mobile medical team; engage community and religious leaders to raise awareness about sexual violence, including against males; establish men-only support activities, facilitated by male counsellors; and conduct outreach to refugee men and boys to engage them in group activities.

Forming networks for more effective response

No single organisation can meet all the needs of either male or LGBTI survivors,

and a referral system is necessary for effective responses. In Beirut, local agencies have established a small yet impressive network of trained providers offering case management and support services to both male and LGBTI survivors, including refugees.

Agencies involved include MOSAIC, an LGBTI organisation, which developed guidance on the provision of clinical management of rape for male survivors and trained more than 30 local doctors to be able to provide this. Marsa Sexual Health Center has skilled health providers and therapists supporting straight and LGBTI adolescent boys and girls and adult men and women survivors. The Makhzoumi Foundation provides sensitised clinical management of rape and financial assistance to both male and LGBTI survivors. And Centre Nassim for the Rehabilitation of Victims of Torture and the Restart Center for the Rehabilitation of Victims of Violence and Torture provide mental health services for male survivors of sexual torture. However, the network is small and these agencies do not have the ability to meet the needs of all male and LGBTI refugee survivors who require care.

As with other areas that were once deemed too challenging or too specialised and which are now core components of humanitarian response (such as child protection and GBV), sexual violence against both male and LGBTI persons can also be addressed in crisis response – without compromising targeted services for women and girls. International humanitarian actors can learn from, support and build on the work of existing local organisations in order to provide accessible, good-quality care for all survivors of sexual violence.

Sarah Chynoweth svproject@wrcommission.org
Sexual Violence Project Director/Consultant,¹
Women's Refugee Commission
www.womensrefugeecommission.org

1. This article draws on the 2017 report "We Keep It in Our Heart": Sexual Violence Against Men and Boys in the Syria Crisis, commissioned by UNHCR and written by the author. www.refworld.org/docid/5a128e814