

Examining the Appropriateness of Gender-Inclusion as a Humanitarian Response Mechanism for Conflict-Related Sexual Violence against Men

Catherine Akurut

Nelson Mandela University; cathakurut@gmail.com

Abstract

This review examines the appropriateness of including men within the existing sexual and gender-based violence programming in armed conflict settings rather than providing services explicitly designed to address their needs. A central premise of the paper is that men experience sexual violence differently to women and that the way they seek help also varies. This gender-specific difference calls into question why humanitarian organisations pursue a 'gender-inclusion' approach, which simply extends services designed for women to men. There is a need to reconsider this approach, and specifically its implementation. The paper reviews relevant secondary sources and argues that current practices of sexual and gender-based violence programming fail to translate into actionable responses suited for and sensitive to men.

Keywords: armed conflict, men, sexual violence, gender-inclusion, humanitarian response

Introduction

Men experience sexual violence during armed conflict situations, which affects their physical, social and psychological well-being. However, this is under-researched and under-reported (Vojdik, 2014: 931), and often misunderstood and mischaracterised (Kapur and Muddell, 2016: 4). Consequently, men who experience conflict-related sexual violence (CRSV) have been severely overlooked within the humanitarian responses (Maxwell and Gelsdorf, 2019:10; Refugee Law Project (RLP), 2013; Dolan and Hilton, 2013). Because the phenomenon of conflict-related sexual violence against men (CRSV/M) has been less recognised (Dolan *et al.*, 2016; Lewis, 2009), there is no accurate statistical picture of the scope of the problem (All Survivors Project, 2017:14). Despite low numbers of men who experience CRSV reporting it and seeking help (Ba and Bhopal, 2017: 4), the actual number of victims is presumed to be high (Misra, 2015: 2). Low reporting and help-seeking are primarily influenced by prevailing societal gender perceptions about men and masculinity, which makes it less likely for male victims to report or speak about their

experiences (Féron, 2017b). Javaid (2016: 287) finds that men find it difficult to expose themselves as experiencers of atrocities that are seen to primarily affect women.

It is for these reasons and others – ranging from the lack of knowledge, victim-blaming and, in some countries, the fear of prosecution as male victims might find themselves in predicaments where humanitarian service providers accuse them of being homosexual (RLP, 2013: 31) – that male victims fail to report CRSV. Having to prove their heterosexuality to service providers makes silence about experiences inevitable (Office of the United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict, 2013: 9), as they fear persecution (RLP, 2013: 31), and in many cases, prosecution (Vojdik, 2014: 932).

Though the circumstances described hinder reporting, some male victims have sought help, but there is a lack of procedural strategies for a response (Ferro Ribeiro and Ponthoz, 2017: 271), meaning humanitarian organisations are unprepared and unsure about how to help those male victims who seek care and support. Instead, these entities have tended to adopt, what I term, a gender-inclusive approach which presumes that men

can simply be included in already existing sexual and gender-based violence (SGBV) services, which are designed for women. The OSRSG-SVC report (2013: 20) suggests it is crucial to treat men in the same manner as women through gender-inclusive programming. However, this manifests as a system in which the same intervention services are offered, effectively nullifying gender specificities and differences in CRSV experiences. This raises an important question: whether ignoring the differences in gender roles is in fact ‘gender-inclusion’ and whether humanitarian organisations are simply extending services meant for women to men. This review considers the literature on gender inclusion and male victims of sexual violence, finding that there is a tendency for humanitarian organisations to simply extend SGBV services designed for women to men (Dolan, 2014:10), as a ‘quick fix’ (Edström *et al.*, 2016: 8) or ‘one-size-fits-all’ (Dolan and Hilton, 2013) strategy.

The review will consider the background of the term gender-inclusion and its manifestation in the humanitarian sector. It will critique the ‘one-size-fits-all’ assumption which lies at the heart of the approach, disregarding the specificities of CRSV/M. Finally, the paper will argue that further understanding of CRSV/M atrocities and how these impact men does not negatively impact on women by taking attention away from them, but could further help women by increasing sensitisation to these atrocities, and CRSV in general.

Gender-Inclusion: What Is It?

Within the humanitarian sector, there is no agreed definition of the term ‘gender-inclusion’. The term has been defined in other fields, for example, Science, Technology, Engineering and Mathematics (STEM). In STEM, gender-inclusion means striking a balance between men and women taking studies and advancing in careers in these fields (Achiam and Holmegaard, 2015: 6). In contrast, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO) (2017), gender-inclusion refers to the ‘gender equality and empowerment of women as well as the active participation of women in political, economic, social and cultural life [which] should be promoted’. As the term originated to facilitate the inclusion of women in fields dominated by men, there is a focus on women. This perhaps explains why, in their definition of gender-inclusion, UNESCO advocates activities that pave the way for women to ‘exercise their human rights’. Scholars such as Adamson *et al.* (2016: 8) claim that the focus of gender-inclusion should shift to the ‘quality’ of inclusion, to enhance endeavours that focus on ‘identifying the various patterns and mechanisms’ of exclusion of women within a

workplace during early struggles for equality. However, the goal of gender-inclusion ‘transcends mere equality’ (Maryville University, 2020) and should ensure that ‘all services, opportunities, and establishments are open to all people and that male and female stereotypes do not define societal roles and expectations’.

The criteria for the implementation of gender-inclusion also lacks uniformity. Scholars like Achiam and Holmegaard (2015: 17–22) propose a four-level (*individual, interactional, institutional, societal/cultural*) framework for gender-inclusion. At both the individual and cultural levels, strategies that bring about a change in perceptions and attitudes towards men can be used. By doing so, having a change in the ‘gender mindset ... formulates the perceptions we may have about the male gender’ (United States Institute of Peace, 2018: 4). In other words, this is ‘the socialisation and internalisation of the described roles and expectations that society finds most appropriate and valuable for a person – men, women, girls, boys, and sexual and gender minorities’ (USIP, 2018: 4). These are dynamic and in a refugee setting, for example, a community’s values, norms and expectations are bound to change, so will the reactions to vulnerability (USIP, 2018: 4). By changing our gender mindsets, society can acknowledge that anyone is vulnerable to victimisation. Clark (2014: 160) is convinced that the rigidity of masculine norms can be challenged through education. That a change in such norms would eventually enable the protection of all victims of CRSV, men and women alike (cited in Dolan, 2017: 6).

Dolan’s (2016) advocacy centres on *inclusive gender*, which the author argues means the inclusion of other genders to do away with the seemingly existing hierarchical work being done within and around the gender discourse. Dolan has always taken men who experience CRSV seriously in his analysis and his position, as a prominent researcher and head of a humanitarian organisation which provides care and support to CRSV/M, is fascinating. Also noteworthy in this field are Alastair Hilton and Ken Clearwater, who established the South–South Institute to facilitate collaborations from three different continents – Africa, Asia and Australia – and increase the awareness of CRSV/M. Other scholars such as Gorris (2015: 417) advocate for gender-inclusion, as it maintains neutrality. However, while the discourse of gender-inclusion is gender-neutral, its practice is not (Achiam and Holmegaard, 2015: 7), as existing interventions may not be suitable for men. While in favour of inclusion, Touquet and Gorris (2016: 37) emphasise that gender-inclusion should not come at the expense of women. Indeed, obtaining equality for women has been a struggle (Adamson *et al.*, 2016: 8), which is why Touquet and Gorris’s argument suggests that efforts supporting

women who have experienced CRSV have come a long way and should be maintained at all costs. In contrast, those against gender-inclusion argue that it emphasises the superiority of men over women (Ward, 2016: 285). Ward suggests that the inclusion of men is simply the continuation of patriarchy, which as Holter (1997: 839) defines, is the 'long-term structure of the subordination of women'. Ward believes this affects the decade-long endeavours to obtain gender equality by the feminists' movement.

While extending services designed for women to men is better than offering no services, it is problematic and fails to consider what genuinely gender-inclusive programming would look like. This reveals a blind spot regarding gender-inclusion: to what extent should humanitarian organisations consider gender differences when designing SGBV programming, service delivery, policies and guidelines? It raises the critical question of *how* to include men in programming which has previously focused almost exclusively on women, given that men not only experience CRSV differently but also the needs they would present also differ from those of women (Dolan, 2015: 496). It is not necessarily the idea of gender-inclusion that is the problem, but rather how it has manifested within the humanitarian sector.

Does the One Size Fit All?

There will be similarities in interventions for men and women who experience CRSV – for example, medical, counselling and referral services (International Rescue Committee, 2008: 75). Men who experience CRSV can benefit from existing humanitarian SGBV services. However, they would benefit more from services designed to address their specific needs, yet procedural strategies for responding to men who experience CRSV are virtually non-existent (Ferro Ribeiro and Ponthoz, 2017: 271). Humanitarian organisations are unprepared and unsure about how to help those male victims who seek care and support. Chynoweth's research (2017: 44–5) showed how humanitarian workers often react when a male victim of CRSV is presented:

'All the centres are for women, what do we do with this person?' ... [This kind of work] falls under the SOPs [Standard Operation Procedures], and they thought, 'No, this is exceptional, this is a male – he doesn't fit into any of the available services.' All centres and services are for women and girls – they are labelled as such.

In this context, it is challenging to develop strategies that suit men. Instead, there has been a tendency for humanitarian organisations to assume 'one-size-fitting all' (Dolan and Hilton, 2013) and employ 'quick fixing' (Edström *et al.*, 2016: 8) to extend SGBV services designed for women to men (Dolan 2014:10). Research

with protection and gender practitioners found that including men in this way does not help with offering care and support to male victims of CRSV (Akurut, 2020). Instead, the SGBV services offered within a humanitarian setting 'should be separately designed and specifically created for both men and women' (quoted in Akurut, 2020: 351). The difference in both form and impact of CRSV/M necessitates different strategies to address their needs (Féron, 2017a: 343). Humanitarian organisations must rethink their inclusive approach to develop appropriate strategies to respond accurately to male victims (Dennis and Minor, 2019: 1481). This includes thinking about men who experience CRSV in the humanitarian policies and practices for SGBV rehabilitation (Dolan, 2015).

Two key areas of difference are essential: that many men experience sexual violence differently and that they may also seek help differently. The challenge for humanitarian organisations is responding to men in a way that does not extenuate their plight, while preserving the response offered to women (Akurut, 2020: 375). To develop a service approach that is sensitive to men, humanitarian organisations must prioritise these issues (Akurut, 2020: 381). Indeed, some have questioned why humanitarian organisations are not entirely keen on taking the plight of men as seriously as they do women, given that both genders not only experience CRSV atrocities but also suffer physically, socially and psychologically (Zalewski, 2018: 26).

A key challenge is that few humanitarian CRSV programmes have specific entry points for men (Women's Refugee Committee, 2018: 42; Akurut, 2020: 335). Those that do offer SGBV services follow strict guidelines for implementing any strategies within humanitarian settings and lack the flexibility to adapt to include men. That women constitute the higher percentage of those who experience CRSV has become such a normalised and accepted truth that it is used as a justification for overlooking CRSV/M in humanitarian responses (Apperley, 2015: 95). The Inter-Agency Standing Committee (IASC) humanitarian *Guidelines of 2015* does signpost the plight of men. However, they need to disseminate explicitly how humanitarian organisations can help them by providing for their specific needs, protocols for which are currently absent (Dolan, 2015: 496). Current approaches overlook how assumptions about men and masculinity make showing and talking about vulnerability among men a taboo (Trial International, 2018). As recent research by the All Survivors Project (2018: 26) found, the 'taboo for male survivors is huge [which is why] it is very rare that a man or boy will tell you that they are the victim of sexual violence [and] those who are providing the service will rarely ask due to [perception surrounding this same]

taboo'. The need to consider how men can be better included in the existing SGBV services necessitates an urgent review of the SGBV programming, services and beneficiaries (Carpenter, 2006: 88). There is progress in this regard with the *IASC 2015 Guidelines*, according attention to not only men but also to the LGBTI community, seemingly moving towards Dolan's (2016) 'inclusive gender'.

The 'quick fix' approach overlooks the *how* men experience CRSV differently from women. Research reveals that CRSV/M *goes beyond rape* (Eriksson Baaz and Stern, 2013: 34) (including anal penetration using sticks or rifles). Other forms of CRSV/M include genital harm, such as penile amputation and electrocution of the genitals, and sexual humiliation, such as fellating and being forced to commit or witness sexual violence acts against family members. It is vital to know in what ways men are sexually violated to create appropriate humanitarian responses. Auchter (2017), for example, advocated that forced (adult) male circumcision be viewed as a form of gendered sexual violence in the context of conflict and political violence, such as Kenya's 2007 post-election violence. In 2019, Médecins Sans Frontières (2019: 2) conducted a study on all the sexual violence victims in Africa who had received care and support from the organisation. Of all the participants ($n = 13,000$), 7.5 per cent were male. The findings reveal that limited research on the forms of CRSV/M poses a gap in the knowledge on how to respond legally, psychologically and psychosocially; and especially as through experiencing CRSV, men have specific health, psychosocial, legal, and safety needs (Kapur and Muddell, 2016: 3).

While including men within existing SGBV services appears to have some success – with the gradual increase of men who report their sexual violence experiences – this review has shown there are still many issues. A further issue with gender-inclusion goes to the core of how programming on gender-based violence (GBV), of which CRSV is a subset, is approached: it is usually treated as synonymous with women (Misra, 2015: 13–14). Read-Hamilton (2014: 5) argues that there is a need to think about the definition of GBV referenced by humanitarian organisations – what constitutes 'GBV'? Sivakumaran (2010: 276), for example, insists that if it is not used with precision, the term GBV might obscure rather than reveal the divergent features of the varied experiences of gendered violence. While it is true that 'gender does not mean women only' (Sphere Association, 2018), currently, these interventions often imply *for women* (Achiam and Holmegaard, 2015: 10). Given that the goal of humanitarian organisations is to employ evidence-based responses that alleviate the suffering of all those in need, ignoring these concerns

disregards the very foundation of humanitarianism – the impartiality of assistance according to need.

Barriers to Men's Inclusion

While the pressure to include men in existing SGBV services has been gradual and continues to intensify, the tendency towards inclusion may be to allay the fear that attention will be shifted from women to men. Ward (2016) and Sivakumaran (2010: 265) indicate that including men could mean shifting the attention of the SGBV services away from women. Indeed, a recent study (Akurut, 2020: 382) confirms that some within the humanitarian community are unsupportive of this notion and feel that GBV should remain focused on women because they experience the vast majority of SGBV-related atrocities. This is directly related to the scarcity of resources in the humanitarian sector, and as Gorris (2015: 420) reveals, there is huge concern within the humanitarian community about dividing the already depleted resources for women to include men. There is an 'insistence that women are the perpetual victims of [the] existing traditions, laws, and social systems' (Atalay, 2019: 437). The inclusion of men, therefore, threatens the existing status quo of offering SGBV services within humanitarian settings.

Attention shifting is not the intention of those advocating for men who experience CRSV (Gorris, 2015: 421). As several scholars advocate, this is finally an opportunity for joint efforts within the humanitarian community to fight against and address CRSV holistically (Solangon and Patel, 2012: 435; Priddy, 2013: 295). This approach could widen the scope to include 'secondary victims', such as the male victims' wives and children and the communities within which they reside (Turchik *et al.*, 2016: 143). This would require shifting away from the language that exclusively focuses on casting men as perpetrators and women as victims of violence (Turchik *et al.*, 2016: 137). For example, one of the mechanisms for receiving clients within humanitarian settings includes having the literature about CRSV on display. The language used in these areas for receiving victims should be as neutral as possible. However, in most cases, the material used is tailored to women, which may prevent men from seeking help, as they have a perception that they would not receive the care and support they need (Turchik *et al.*, 2016: 143).

Language is a crucial element in the procedures, policies and guidelines for addressing CRSV. Accordingly, recognising men means carefully designing actions that will send a clear message to perpetrators that participating in CRSV/M is considered a grave violation of the international law, and the prosecution approach

should be the same as is the case in obtaining justice for CRSV against women (Lewis, 2009: 49). Encouraging men to speak about their CRSV experiences, particularly to the humanitarian service providers, may make them more inclined to offer the care and support they need. Therefore, the move towards a language that is vividly gender-inclusive recognises that both men and women can be both victims and perpetrators of CRSV.

A genuine notion of gender-inclusion provides a lens through which to understand CRSV/M. Following this understanding, strategies to provide care and support to men will develop, as opposed to dismissing their plight based on biological sex and society stereotypes (Achiam and Holmegaard, 2015: 10). However, the several factors that deter humanitarian organisations from offering help to men, call into question whether these entities can separate the practices used to care for and support men from those of women (Chynoweth, 2017: 8). Even then, the apportioning of resources is a major problem, as the already depleted resource pool would also be ‘thinned’ out if service providers attempted to include and rehabilitate men (Dolan, 2014: 4). This is a critical component for donors to consider, as some insist that a large percentage of beneficiaries should be women. The Refugee Law Project, for example – one of the leading advocates of CRSV/M in Africa and possibly in the world – was placed in a challenging, yet compromising position when one of their leading funders, Dutch Oxfam, threatened to reduce its funding if the organisation’s beneficiaries’ pool did not make up 70 per cent of women and girls (Dolan, 2009). In other parts of the world like Syria, initial investigations into the subject revealed that among the humanitarian service providers, the prioritisation of women was clear, presumably because of limited resources (Chynoweth, 2017: 80). Subsequently, the consensus in this situation is that once funding is inadequate, women will take precedence, making it challenging for humanitarian organisations to apportion resources between men and women.

Likewise, in representing the inclusion of men, interventions should be compassionate, visibly expressing explicit consideration for men who experience CRSV (Carpenter, 2006: 88). Besides, responding to CRSV/M should not be a matter of choice or even priority (Stemple, 2009: 646; Apperley, 2015: 93). While women who experience CRSV constitute a higher percentage than men, this should not mean that men’s experiences are sidelined, as this will further the misperceptions in considering men’s plight. It is not a question of whether the attention will shift, but instead, how can we proceed to alleviate the suffering of male victims of CRSV alongside that of women without compromising the existing humanitarian SGBV mandates.

Conclusion

The gender-inclusion discourse has significant potential for addressing CRSV. However, it is important to acknowledge that it has historically been interested in women’s inclusion. In the context of humanitarian responses to CRSV, this has meant that men have been excluded from this discussion even as they experience physical, social and psychological effects resulting from CRSV. It is imperative, therefore, to think specifically about what services suit men, how can they access them, how can we make them aware what services are available and how can we address the barriers that hinder them from obtaining these services.

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