



**SEXUAL VIOLENCE
AGAINST MEN AND
BOYS**

9. SEXUAL VIOLENCE AGAINST MEN AND BOYS

PREPARATION AND MATERIALS

OBJECTIVES

- Understand the barriers faced by male survivors of sexual violence
- Describe how male survivors may react to a sexual assault.
- Gain knowledge and skills to provide first line support and medical care to male survivors of sexual violence or rape

AVAILABLE TRAINING RESOURCES



Presentation

- 9. Sexual violence against men and boys



Facilitator guide

- 9. Sexual violence against men and boys



Activities

- 9.1 Myths about male sexual abuse
- 9.2 Barriers to care for male survivors
- 9.3 Case Study – male survivors of sexual abuse



Videos

- 9.1 Welcoming male survivors
- 9.2 History taking with male survivors
- 9.3 General examination of male survivors
- 9.4 Genital examination of male survivors
- 9.5 Medical care and treatment for male survivors
- 9.6 Validate, enhance safety and connect with support for male survivors



Participant handouts

- 9.1 The Scope and Types of SGBV against Men and Boys
- 9.2 Barriers to care for male survivors of sexual violence

**REQUIRED SUPPLIES
& MATERIALS**

- Projector, laptop
- Pen and blank paper workbook for each participant
- Flip chart, markers
- Print outs of activities – depending on which activities you choose
- Masking tape or string to separate the room
- Papers with a True/Agree and False/Disagree
- Large space for participants to move around

KEY MESSAGES

- Male survivors of sexual violence face similar and unique consequences to other survivors of sexual violence
- Male survivors should receive support and empathetic care, including:
 - Listening, inquiring about needs, validating
 - Medical care – prevention of HIV, STIs, tetanus, hepatitis B and treatment of wounds and injuries
 - Enhancing safety and connecting with support

**FURTHER RESOURCES
FOR FACILITATORS
(OPTIONAL)**

- UNHCR 2012 Working with men and boy survivors of sexual and gender-based violence in forced displacement
- Sexual Violence Research Institute Briefing paper: Care and Support of Male Survivors of Conflict-Related Sexual Violence
- GBV IMS Steering Committee (2017) Interagency Gender-based Violence Case Management Guidelines Providing care and case management services to Gender-based violence survivors in humanitarian settings; Part 4, Chapter 2 GBV Case Management with Male Survivors of Sexual Violence
- UNHCR (2016) SGBV Prevention and Response Training Package, Module 7 Working with Men and Boy Survivors of SGBV

SEXUAL VIOLENCE AGAINST MEN AND BOYS FACILITATOR GUIDE

INTRODUCTION



SLIDES 1-4

Slide 3 notes

- Sexual violence may be used to demoralize, destroy, stigmatize men and boys. Sexual violence can destroy family and community cohesion.
- Within gender discrimination that promotes men as superior and women as inferior, sexual violence can be used to attack and destroy a sense of masculinity, and feminize men and make them feel like they have the lower status of women.
- Within stigma and discrimination against people of minority sexual orientations, sexual violence against men by another man can make men feel as if their heterosexual status is removed and feel as if they have a stigmatized homosexual identity. However, it is important to re-inforce the harms of homophobia against all people – including heterosexual, gay and bisexual men.

TYPES OF SV AGAINST MEN AND BOYS



SLIDES 5-7

Slide 6 notes

- Sexual violence against men and boys includes:
 - 1 rape – anal rape and oral rape with a penis or objects, sexual torture and mutilation, beating, blunt trauma to genitals, castration, enforced sterilisation
 - 2 sexual humiliation and degrading sexual acts, forced nudity, forced masturbation of themselves or others
 - 3 enforced rape – being forced to rape another person, against family members, other men or peers including in front of others
 - 4 enforced sexual acts – being forced to perform sexual acts on another person, often humiliating sexual acts, to participate in sexual acts
 - 5 being forced to witness sexual violence – including against their own family
- Sexual torture often goes unrecognized as a form of sexual violence against men and boys.



Activity: 9.1 Myths about sexual violence against men and boys

THE IMPACT OF SV AGAINST MEN AND BOYS



SLIDES 9-14

Slide 10 notes

Many of the **impacts of sexual violence on men and boys are similar to those that are experienced by women and girls**, however there are some particular experiences that can be helpful for service providers to understand in order to best serve this population.

Slide 11 notes

- Male survivors may experience damage to the penis and testicles; penile, testicular, anal, rectal pain; genital, rectal or prostate infections; abscesses; rectal rupture, damage to reproductive capacity; or sexual dysfunction, infertility, impotence.

Slide 13 notes

- SV against men and boys may challenge their perception of their **masculinity**, sexuality, and reproductive capacity. Men may have feelings of worthlessness, guilt, shame and humiliation
- Male survivors may struggle related to ideas about masculinity as strong and tough, that sexual violence is incompatible with “being a man”, “A man should have been able to protect himself” and “A man should be able to cope”. They may feel weakness because they may have been surprised by the unexpected freeze reaction to the threat or feeling of being paralyzed with fear. They may have feelings of guilt for not having or being able to defend himself as he may believe he should have done. Men may feel that they have lost their sense of masculinity.
- Boys and men survivors may struggle with **gender identity and sexual orientation** given the common myth that male survivors are, or become, gay and discrimination and stigma against sexual minorities. Sexual violence may be perpetrated



to attack a man's sense of heterosexuality or be perceived as "invited" or "punishment" if a man or boy is viewed as homosexual. It is not uncommon for men to experience sexual arousal, erection and ejaculation during an abusive experience. This is a normal physiological response and does not suggest consenting to, desiring or enjoying the experience. This reaction can leave the survivor feeling ambivalence, confusion, disgust, doubting or question his sexual orientation or identity. This is particularly in in cultures where homosexuality is taboo, shameful or punished. Men may have stronger feelings of homophobia if they had experienced sexual violence.

- Survivors may experience an erection or orgasm during the attack—reassure them that this is **physiological response**— as this may make them experience additional confusion and anxiety.

Slide 14 notes

- They may lose sexual interest and avoid intimacy.
- They may withdraw from relationships, family, parenting and community activities. They may lose respect from their spouse or family, or may be rejected or abandoned by their spouse or family.
- They may be excluded from places of worship, recreation, and employment,
- They may lose their job – and then losing one's job may also contribute to or exacerbate his distress due to prevalent gender norms about a man's role as a provider.
- They may face criminalization where same sex relationships – even without consent – are penalized, or for being forced to rape others.
- The social consequences may be linked to social norms about masculinity, power, dominance, social norms expecting men to be strong, aggressive, protectors and providers.

BARRIERS TO SERVICE ACCESSIBILITY AND PROVISION



9.2 Activity – Barriers to care for male survivors



Slide 17 notes

- Many of the barriers to care experienced by men are similar to those already discussed for other survivors of sexual violence but may be experienced slightly differently. The barriers will vary from context to context, and will depend upon specific cultural and social norms and other characteristics of the survivor such as ethnicity, religion, socio-economic status and sexual orientation.
- As with violence against women and girls, such violence often goes underreported.

The barriers include:

- **Traditional masculine norms do not promote help-seeking.** Traditional norms of masculinity that suggest that men must be strong, in-control, independent and not express emotions, make it less likely for men to seek help even when they have experienced a stressful event. These norms make it difficult for men to seek help and may result in a lack of compassion from family, friends, service providers and the police.
- **Feelings of shame, confusion and guilt, and fear of stigma.** Related to the masculine norms discussed above, male survivors may experience strong feelings of shame and fear being stigmatized because they have been sexually violated. This is particularly the case if the masculine norms in their environment suggest that men must be powerful and dominant sexually. Regardless of the gender of the perpetrator, male survivors may be grappling with what their experience of sexual violence means for their gender identity and sexual orientation. This is particularly the case if the abuse has happened more than once or happened in their childhood.
- Fear of **not being believed.**
- Fear of **judgement, stigma, social marginalization and isolation** or being labelled as homosexual in cultures of homophobia
- **Concerns and fears about sexuality.** A common myth is that men who have experienced sexual violence perpetrated by men are gay or will become gay. There is no evidence to suggest that an experience of sexual violence is a predictor for sexual orientation. However, if this myth is a common perception and homophobia is also prevalent in a community, male survivors may not seek help because they are grappling with these questions themselves and/or fear the reactions from others. This can be a significant barrier to help-seeking in societies that police or criminalize homosexuality.
- **Lack of knowledge** or ability to label and describe the act of sexual violence
- Lack of awareness that sexual violence is also perpetrated towards men and boys and has medical and psychological consequences
- Information about SV and health services are focused on children and women
- **Lack of existing or accessible support services** for male survivors of sexual violence
- Harmful attitudes, discrimination, stigmatization and disgust by health care providers
- **Fear of not being believed.** Because of traditional masculine social norms, male survivors may fear that they will not be believed if they tell someone about what they experienced.
- Legal environment that **criminalizes and punishes homosexuality**, including non-consensual same-sex acts

SPECIAL CONSIDERATIONS FOR HEALTH CARE AND PSYCHOSOCIAL SUPPORT FOR MALE SURVIVORS



SLIDES 18-20

Slide 19 notes

Just as female survivors, men should be listened to, asked about their needs and validated.

Slide 20 notes

- There are some specific messages to help validate male survivors of sexual violence:
- Reassure the person that their **reactions are normal**. Let them know that their responses and feelings to what happened are okay and that they are normal to feel. Male survivors may need to hear in particular that feelings such as sadness and fear—which traditional masculine norms often don't allow men to feel or express—are normal. Reassure them that it is safe for them to express their feelings—whatever they are— and that you will be there to listen.
- When a man is raped anally, pressure on the prostate can cause an erection, orgasm or ejaculation, which can contribute to feelings of shame and self-blame. Survivors are often particularly confused and ashamed by involuntary physical arousal to physical stimulation during an assault. Reassure the survivor that, if this has occurred during the rape, it was a normal physiological reaction and was beyond his control and separate from his sexual orientation.
- **You are not alone**. Male survivors often feel isolated and stigmatized due to the silence surrounding sexual violence against males. Help survivors understand that sexual violence towards men and boys happens around the world, and that they are not the only ones that this happened to. This can also help to reduce any self-blame.
- **It was not your fault**. Male survivors need to be reassured that they have not brought sexual violence on themselves through their appearance, behaviour or any other personal factor, their lack of ability to defend themselves. Validate that they did what seemed best at the time to survive.
- **Validate and reaffirm their bravery and strength**. Just as with other survivors, it is important for male survivors to hear that they were courageous, brave and strong to come for help. By emphasizing this, you are helping to reduce their fears and concerns related to the stigma of men reaching out for help.
- **The experience of SV does not make you “less of a man.”** Help survivors to move away from masculine forms of self-blame. Provide messages that move ideas masculinity away from strength or aggression, and provide hope and sense of masculinity on being a loving husband, father, son, brother, friend and a constructive member of the community.
- **Do not make assumptions** about the person and their experience, about their sexual orientation or gender identity. Validate concerns about sexuality, but provide accurate information that a sexual assault does not change someone's sexual orientation. Do not community any stigma, taboo or discrimination towards sexual or gender minorities.
- Respect the language that they use to describe themselves and their experience.
- Male as well as female survivors need to be believed; to feel physically safe; to feel that their service providers empathizes with them; to feel free from judgment or blame; to be certain that they can speak confidentially; to be given time and encouragement; and to be accepted as a whole person, rather than being reduced to the status of 'victim' or 'perpetrator.'



Video 9.1: Welcoming male survivors

Discuss the video:

- What did the nurse do well in welcoming the survivor?
- What was missing? What could be improved?

Explain that survivors should be give them the option of the gender of care provider if possible. Some men may prefer a female provider, especially if they experienced SV by a man or fear judgement from other men.

Explain that health care providers should respect if survivors do not want to sit, they may be in pain and it is acceptable for them to stand.



SLIDE 22-23 CASE STUDY

Slide 22

Question A 20-year-old male arrives at the clinic one day after being gang raped by enemy soldiers. He complains of general body aches, anal soreness and mild bleeding with bowel movements. His exam reveals multiple anal cuts with significant tenderness.

The patient appears increasingly anxious and reluctantly tells you that he thinks he experienced an erection during the assault. He expresses shame and feelings of disgust with himself.

What are the appropriate messages that you should communicate to him?



- A. Explain that, in such circumstances, erections are a reflex that he could not control.
- B. Reassure him that he is not alone, and that it is common for survivors to experience guilt and shame.
- C. Advise him to keep the incident a secret from everyone.
- D. Both A and B.

Slide 23

Correct answer D.

Both A and B. Explain that, in such circumstances, erections are a reflex that he could not control. Reassure him that he is not alone, and that it is common for survivors to experience guilt and shame. Both answers A and B reflect the importance of providing basic, healing support to this patient. Keeping sexual assault a secret can intensify feelings of embarrassment and shame. Reassure the patient, encourage him to seek emotional support from people he trusts, and refer him to counseling services.



Slide 24 History taking and examination for men

Provide information about why you are asking questions. They may feel intrusive or judgmental.



Video 9.2: History

Discuss the video:

- What did the nurse do well in welcoming the survivor?
- What was missing? What could be improved?

Discuss how James said "I don't want to talk about it". Reinforce that it is the survivor's choice whether or not they want to talk about the incident, and how much they want to share.

Reinforce that it is the survivor's choice whether or not to report to the police,

James said "I want to kill him". Validate emotional responses – anger and the desire for revenge and retaliation can be normal responses.

However, assess if there is a clear plan to harm another person, try to speak non-judgmentally about healthier alternatives that can reduce risk and improve safety.



Slide 26 General examination of male survivors



Video 9.3: General examination of male survivors



Slide 28 Genital examination of male survivors

- Seek voluntary informed consent
- Communicate with the survivor, step by step
- The examination should be guided by the history.
Examine the scrotum, testicles, penis, periurethral tissue, urethral meatus and anus.
- Note if the survivor has been circumcised
- Look for injuries, pain, swelling
- Look for hyperaemia, swelling, torsion of testis, bruising, anal tears, etc.
- If there is testicular swelling or pain it could be inguinal hernia, hydrocele (type of swelling in the scrotum that occurs when fluid collects in the thin sheath surrounding a testicle from injury or infection) and haematocele (blood clot caused by trauma or injury to the testicles or scrotum), torsion of testis. They should be referred for further care.
- Pain and swelling of the testicles may be testicular torsion, which is a medical emergency and requires immediate surgical referral.
- If the urine contains large amounts of blood, check for penile and urethral trauma.
- Digital rectal examinations are recommended if there is a reason to suspect that a foreign object has been inserted in the anal canal, if there is fecal incontinence.
- If indicated, do a rectal examination and check the rectum and prostate for trauma and signs of infection.
- Provide re-assure (if this is correct).



Video 9.4: Genital examination of male survivors



SLIDE 30-31 DOCUMENTATION

Slide 30 notes

- Document your findings clearly, objectively and completely in the medical examination forms
- These are pictograms to aid in documentation of injuries
- Keep all medical records confidential.



Slide 32 Medical care

- Seek informed consent before you offer treatment.
- All medical care for men and boys is the same as medical care for women and girls, with the exception of pregnancy.
- Prostate infections caused by anal penetration can be difficult to treat and require antibiotics for an extended period of time.



Video 9.5: Medical care and treatment for male survivors

Discuss the video:

- What did the nurse do well in welcoming the survivor?
- What was missing? What could be improved?

Explain that the health care provider should explain each the medications separately, how they work, side effects and always ask the patient if they would like to take medicine, instead of saying “please take them now.”

Explain that STI prophylaxis is most often given as a single dose depending on your protocol. Explain that the HIV PEP is given daily for 28 days.



SLIDE 34-35 CASE STUDY

Slide 34

Question: A 20-year-old male arrives at the clinic one day after being gang raped by enemy soldiers. He complains of general body aches, anal soreness and mild bleeding with bowel movements. His exam reveals multiple anal cuts with significant tenderness.

What is the best response to the patient’s question regarding his risk of becoming infected with HIV as the result of the assault?

- A. Reassure him saying, “Don’t worry. You will be fine.”
- B. Inform him he is at potential risk for HIV given the nature of the assault.
- C. Explain to him that his risk of infection may be lowered with PEP.
- D. Both B and C.

Slide 35

Answer Both B and C. Inform him he is at potential risk for HIV given the nature of the assault. Explain to him that his risk of infection may be lowered with PEP. The patient has suffered a potentially significant exposure to HIV. You do not know his exact risk of getting HIV but he has a right to be informed. Never give false reassurances. While some patients who take HIV PEP develop side effects like nausea, headaches, and vomiting, it will not be effective if it is not taken for the full 28 days.



SLIDE 36-37

Slide 36

Question: Joshua is a 23-year-old man. He is arrested at anti-government protest and taken to the government prison. The prison guards beat him with metal pipes, force him to be naked and 2 of them anally rape him in front of other prisoners. He is released from prison and comes to your clinic 7 days after the incident.

What medical care will you provide Joshua?

- A. Assessment and treatment of injuries
- B. Offer HIV testing
- C. Offer HIV PEP
- D. Offer STI prophylaxis
- E. Offer vaccination for Tetanus
- F. Offer vaccination for Hepatitis B
- G. All of the above



Slide 37

Answer

A. Assessment and treatment of injuries

B. Offer HIV testing. Also recommend that Joshua returns 3 months after the rape. The window period for HIV testing is 3 months, so testing him 1 week after the rape will not show whether or not HIV was transmitted during the rape.

D. Offer STI prophylaxis.

E. Offer vaccination for Tetanus

F. Offer vaccination for Hepatitis B

DO NOT offer HIV PEP because Joshua presented to the health facility 7 days after the anal rape. HIV PEP is only effective within 72 hours or 3 days of an incident of rape



Activity 3.3 Case study



Slide 39 LIV(ES) FOR MEN AND BOYS

- **Assess risks and enhance safety:** If the incident of sexual assault is known to others in the community or the authorities, the person may be at risk for further violence. Finding formal or community-based sources of protection and security for the person might be very difficult and even the act of seeking such support could put the person in danger.
- The significant stigma that male survivors may experience may make it difficult for the person to come up with people whom they can trust and can go to for safety. In cases where the person is at imminent risk, this may mean you have to play a more active role in suggesting options to the person that can help with immediate safety. You should go through each option carefully to understand what the risks could be and help the person choose the option that poses the least risk.
- Depending on the context they may fear: persecution, violence, SV, or death from their community and government, due to social norms that discriminate men who has sex with men and/or laws criminalizing same sex relationships in any extent.
- Be creative! Think about the safety of LGBT survivors.
- **Offer support:** mental health and psychosocial support may include substance use services, helping men to understand they are not to blame, how to engage in relationships and parenting.
- With legal and justice support, be careful to think about the risks – in some countries same-sex relationships are punished and male survivors may be criminalized.



Video 9.6: Validate, enhance safety and connect with support for male survivors



Slide 41 Key messages