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From 'It Rarely Happens' to 'It's Worse for Men': Dispelling Misconceptions about Sexual Violence against Men and Boys in Conflict and Displacement

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Abstract

Sexual violence against men and boys in conflict and displacement has garnered increasing attention over the past decade and has been recognised in UN Security Resolution 2467. Despite increased evidence and understanding of the issue, myths and misconceptions nevertheless abound. The authors of this article – practitioners and academics with extensive experience in the field – aim to dispel ten of the most common misconceptions that we have encountered, and to highlight the current evidence base regarding sexual violence against men and boys in humanitarian settings. We argue that just as there is no universal experience of sexual violence for women and girls, there is no universal experience for men and boys, or for nonbinary people. In order to address the complexities of these experiences, a survivor-centred, intersectional approach is needed.

Keywords: conflict-related sexual violence, masculinity, gender, humanitarian aid, male victims

Introduction

Sexual violence against men and boys in armed conflict has garnered increasing attention over the past decade.¹ A growing body of evidence demonstrates that sexual violence against men and boys is perpetrated in many conflicts and that men and boys are also subject to sexual violence during displacement (Chynoweth *et al.*, 2020b; Féron, 2018; Hossain *et al.*, 2014; Johnson *et al.*, 2008, 2010; Schulz, 2020; Schulz and Touquet, 2020; Touquet, 2018a). The notion that little to no research exists is no longer valid. Yet in conjunction with this important recognition, many worrying and potentially damaging falsehoods about the characteristics, magnitude, consequences and responses to this violence are gaining traction as well.

For example, evidence suggests that, while men and boys are more likely to be targeted for conflict-related sexual violence than previously understood, women and girls are disproportionately affected by conflict-related sexual violence (e.g., Hossain *et al.*, 2014; Johnson *et al.*, 2008, 2010). However, some commentators have questioned this scientific consensus without providing sufficient supporting evidence (Goodley, 2019; Zalewski, 2018). This has worrying implications for advocacy, funding, programming and the struggle for gender equality.

In this paper, we clarify ten common misconceptions about conflict and displacement-related sexual violence against men and boys based on existing evidence and our collective field experience in twenty-seven countries as humanitarian aid workers and academics. The ten misconceptions relate to the nature and scope of sexual violence against men and boys, its gendered impact on survivors, and the development of effective humanitarian responses to this violence.²

Misconception 1: Conflict-Related Sexual Violence against Men and Boys Is Almost Always Perpetrated in Detention and Imprisonment

A common misconception is that conflict-related sexual violence against men and boys is almost always perpetrated in detention and imprisonment, often as a form of torture. Yet where and when sexual violence against men and boys is perpetrated is dependent on the setting, the type of conflict, the parties to conflict, and the historical and cultural contexts (Chynoweth *et al.*, 2020b). While reliable numbers regarding perpetration are difficult to obtain, evidence suggests that sexual violence is also perpetrated under many other circumstances. For example, in the current conflicts in the eastern Democratic Republic of the Congo (DRC) and Libya,

sexual violence against men and boys is sometimes perpetrated at the point of capture or arrest (Christian *et al.*, 2011; Chynoweth, 2019a). In Peru, Syria and northern Uganda, men and boys were sexually violated in their homes and in public, in addition to imprisonment (Leiby, 2012; Chynoweth, 2017; Schulz, 2018). In Somalia and South Sudan, sexual victimisation of men and boys has been documented during flight, at checkpoints and border crossings (Chynoweth, 2019b; Nagai *et al.*, 2008). In Liberia and northern Uganda, sexual violence against men and boys was also a feature of forced enlistment into armed groups (Johnson *et al.*, 2008; Baines *et al.*, 2019). Men and boys in Northern Rakhine State, Myanmar and in Darfur, Sudan, were targeted for sexualised violence during village attacks (Chynoweth, 2018; Ferrales *et al.*, 2016). While conflict-related sexual violence against men and boys in detention does indeed appear to be widespread in some settings, such as Sri Lanka and Syria, men and boys were also targeted in additional contexts, such as at the time of arrest or capture and at military checkpoints (Touquet, 2018a; Chynoweth, 2017).

The fallacy that conflict-related sexual violence against men and boys is primarily perpetrated in detention or captivity is harmful because it obfuscates sexual violence perpetrated in other contexts and masks the sexualised nature of these violations (Charman, 2018; Gray and Stern, 2019). This concealment has legal, medical, mental health and other implications for survivors. It also bolsters the misconception that men are violated only when they are completely powerless (i.e. as captives) and may result in differential treatment in legal contexts (Sellers, 2007).

Misconception 2: The Most Common Form of Conflict-Related Sexual Violence against Men and Boys Is Anal Rape

Among humanitarian aid workers and health providers, sexual violence against men and boys is often understood as anal rape (Carlson, 2006; Chynoweth, 2018). The World Health Organization's 2003 *Guidelines for Medico-Legal Care for Victims of Sexual Violence* state that the most common forms of conflict-related sexual violence against men are anal and oral rape and forced masturbation (WHO, 2003: 13). More recent publications have asserted that the most common types are forced sex acts and genital violence (Meger, 2015; SVRI, 2016). In fact, a variety of forms of sexual violence have been documented against men and boys in conflict, including forced nudity, anal and oral rape, castration, penile amputation, genital violence, sexual humiliation, sexual slavery, forced incest and forced rape of others (Ba and Bhopal, 2016; Chynoweth *et al.*, 2020b).

The most common form of conflict-related sexual violence against men and boys is unknown (Chynoweth *et al.*, 2020b). Forms of violence vary between and within conflicts. For example, forced witnessing of sexual violence against others – an often overlooked type of sexual violence – was reportedly common in conflicts in Bosnia-Herzegovina, eastern DRC and Myanmar, among others (Touquet, forthcoming; Chynoweth, 2019a; Promundo, 2013). Genital violence was commonplace against men and boys in conflicts in Croatia, Bosnia-Herzegovina and Kenya, and has been reported in other settings (Lončar *et al.*, 2010; Carlson, 2006; Auchter, 2017; Myrntinen, 2018; Chynoweth *et al.*, 2020b). In conflict-affected areas in eastern DRC, a population-based study found that 19.6 per cent of men/boy survivors disclosed suffering sexual slavery, while 5 per cent reported being forced to perform a sexual act (Johnson *et al.*, 2010). A survey of 434 South Sudanese men found that 29 per cent disclosed experiencing forced nudity whereas 3.7 per cent disclosed experiencing rape (Refugee Law Project, 2017). These data spotlight the variance among types of sexual violence and underscore that the most common form may not be anal rape – or forced sex acts or genital violence. The misconception that there is a main form of sexual violence against men and boys can be harmful because service providers (among others) may overlook other common types of sexual victimisation, thus preventing survivors from accessing the care they need.

Misconception 3: Sexual Violence against Men and Boys in Conflict-Affected Settings Is Perpetrated Exclusively by Armed Groups

With few exceptions, research and advocacy on sexual violence against men and boys in conflict-affected settings focuses on sexual violence perpetrated by armed groups. Sexual violence by armed actors is often more *visible* than that committed by other perpetrators. However, there is currently no conclusive evidence that sexual violence against men and boys by combatants is more *prevalent* than sexual violence committed by family and community members and other civilians. A focus on combatants replicates problematic approaches to violence against women and girls: initial assumptions that the majority of perpetrators in conflict-affected settings were 'men with guns' informed policies and responses that did not appropriately address the more prevalent manifestations of violence by family and community members (Stark *et al.*, 2017; Wirtz *et al.*, 2018) or the continuum of violence experienced by women and girls in these settings (Cockburn, 2004).

Global meta-analysis suggests that around 8 per cent of boys have suffered sexual abuse in their lifetime, though this may be an underestimate (Stoltenborgh *et al.*, 2011). Global data on perpetrators of such abuse are scarce (Devries *et al.*, 2018). Global prevalence data on sexual victimisation of adult men are currently unavailable, although one cross-sectional study found that, across six countries in the Asia Pacific, the prevalence of rape of men by men ranged from 1.5 per cent to 7.7 per cent (Jewkes *et al.*, 2013). During armed conflict, social and structural protections break down and vulnerability to sexual violence – including by family and community members – increases. Yet men and boys, like women and girls (Stark *et al.*, 2017), may face difficulty in discussing sexual violence that does not align with socially accepted narratives (Chynoweth *et al.*, 2020b). One study found that, when Rohingya refugees were asked about sexual violence against men and boys, they exclusively discussed sexual violence perpetrated by Myanmar military forces, whereas service providers reported that the majority of men/boy survivors accessing sexual violence care were boys and young men abused by family or community members (Chynoweth, 2018).

Misconception 4: Conflict-Related Sexual Violence against Men and Boys Is Always Strategic

Sexual violence in conflict is often framed as a weapon or tactic of war, aimed at terrorising, humiliating and controlling the civilian population, or aiming to displace them (Eriksson Baaz and Stern, 2013). This is true of certain forms of sexual violence against men and boys in specific contexts, such as the use of forced circumcision in the 2007 post-electoral violence in Kenya (Auchter, 2017), sexual violence against Iraqi men and women at Abu Ghraib prison by US forces in Iraq (Kassem, 2013), penile amputation and public displays of dismembered penises in the eastern DRC (ICC, 2011), and some of the sexual violence perpetrated against Muslim Bosnian men during the Bosnian War (ICTY, 1997, 2001). However, not all sexual violence against men and boys – or anyone else – in conflict and displacement is tactical. A fixation on the 'weapon/tactic of war' frame obscures additional forms and drivers of sexual violence. This issue has been addressed in the academic literature on sexual violence against women and girls (see Eriksson Baaz and Stern, 2013), but for men and boys, the false assumption is generally that they are sexually abused for strategic reasons only (Meger, 2018; also see Schulz and Touquet, 2020).

Other drivers of sexual violence against men and boys in conflict-affected settings include group dynamics

within combatant groups, economic drivers, sexual violence as a form of ‘entertainment’ or sexual violence against those seen as ‘undesirables’ by others in society to shore up support from the broader population. Within armed groups, different forms of sexual violence, including sexualised hazing and sexual humiliation, are used to punish, ostracise and harm individual members and build group cohesion (Cohen, 2013) – but also as a rite of passage and as a ‘re-masculinizing’ act (Belkin, 2012). Men and boys, like women and girls and nonbinary persons, may be forced into sexual slavery, trafficked for sexual purposes, or sexually exploited (Howe *et al.*, 2018; Chynoweth *et al.*, 2020b). Sexual violence may also be used to extort money from the victim or from their family members. Extortion itself can take on the form of sexual violence when, for example, queer and trans individuals are blackmailed into performing sexual acts to prevent their sexual orientation or gender identity being made public (Myrntinen *et al.*, 2018).

Sexual violence may also be a form of ‘entertainment’ for the perpetrators, through the staging of forced sexual acts and through sexual humiliation, including of queer or ‘effeminate’ men (Grupo de Memoria Histórica, 2011; Serrano-Amaya, 2018). These drivers of sexual violence are not necessarily mutually exclusive – the sexual violence and humiliation in Abu Ghraib (Eichert, 2018), or some of the sexual violence against men perpetrated in Bosnia-Herzegovina (Touquet, forthcoming) and in Libya (Chynoweth, 2019a) and elsewhere, has had ‘entertainment’ aspects to it in addition to other drivers, such as subjugation and dominance (see Schulz and Touquet, 2020).

While sexual violence in conflict and displacement is sometimes used to terrorise the victim, community or population at large, it may also be employed to garner popular support. This is particularly the case for sexual and other forms of gendered violence against those perceived as ‘undesirables’ or whose sexuality ‘must’ be policed by the society or community in question. This may include queer and trans persons as well as alleged drug traffickers and users, sex workers or ‘adulterous’ women, depending on the context (Daigle and Myrntinen, 2018; Drumond and Myrntinen, 2018; Serrano-Amaya, 2018).

Misconception 5: Same-Sex Desire Is the Main Driver of Sexual Violence against Men and Boys

Perpetrators of conflict-related sexual violence against men and boys are overwhelmingly male (Carpenter, 2006; Johnson *et al.*, 2010; Leiby, 2012). The idea that

same-sex desire is a key driver of sexual violence against men and boys, and that perpetrators must therefore be gay men, is a common misconception. This misunderstanding wrongly conflates same-sex sex with sexual violence and is grounded in heteronormativity and harmful gender stereotypes (Davies, Pollard *et al.*, 2006). Sexual violence is a sexualised expression of violence, and when it is perpetrated against men, it is often an assertion of (hypermasculine) power over another man. As noted above, such violence may be aimed at causing humiliation or fear among victims and their communities, and it should not be understood as a reflection of the sexuality of the perpetrator (Eriksson Baaz and Stern, 2018) or the victim (Eichert, 2018).

This myth contributes to victim-blaming, as it suggests that survivors might have somehow ‘attracted’ the perpetrator or that they must have ‘enjoyed’ what was in fact rape (Davies, Gilston *et al.*, 2006). It is a common assumption that survivors of sexual violence, regardless of gender, must have been responsible for their victimisation in some way. For men, the gender stereotype of the strong, powerful man feeds into this. Many survivors internalise these beliefs. Even men who were detained may feel that they weren’t ‘man enough’ and should have resisted. Not resisting, however, is a common, normal and sometimes life-saving response; trauma can also sometimes cause tonic immobility (an involuntary, temporary paralysis) in people of all genders (Möller *et al.*, 2017).

Misconception 6: All Men/Boy Survivors are ‘Emasculated’ or ‘Feminised’

Much of the literature on sexual violence against men and boys portrays ‘emasculatation’ through ‘feminisation’ (or ‘homosexualisation’; see Sivakumaran, 2005) as the single most prevalent driver of male-directed sexual violence against men/boys as well as its primary consequence (Lewis, 2014; Sivakumaran, 2005). Yet the idea of ‘emasculatation’ through ‘feminisation’ implies that men/boy survivors are forever deprived of their masculinity. This does not accord with the lived realities of survivors. Further, these framings are founded upon misogynist and homophobic assumptions regarding the nature of gendered victimhood.

Emasculatation is predominantly understood as the ultimate loss of manhood, and survivors of sexual violence are seen as being completely and indefinitely stripped of their masculine identities (Schulz, 2018; Sivakumaran, 2005). However, there is often a discord between these conceptions and assumptions, which are static and unambiguous, and survivors’ lived realities, which typically are dynamic, fluid and variable (Touquet and

Schulz, 2020). Insights from Uganda show that the impact of sexual violence on survivors' masculine identities can be mitigated through different socio-economic and political interventions, both at the macro- and the micro-level (Edström and Dolan, 2018; Schulz, 2019).

The assumptions of men/boy survivors' 'emasculatation' are furthermore based upon monolithic conceptualisations of masculinities. While in certain settings, some survivors have expressed 'not feeling man enough' (see Schulz, 2020), this is not generalisable across individuals, communities, or contexts. Instead, men/boy survivors' experiences of the consequences and aftermath of sexual violence – like women/girl and other survivors – are heavily dependent upon and shaped by local gender constructions and the availability of good quality support, among other factors (Schulz, 2019). Men/boy (and other) survivors cannot be said to suffer gender identity issues indefinitely and irreversibly.

In the growing literature on wartime sexual assault against men/boys, 'feminisation' is largely used as a synonym for degradation and humiliation (Peterson, 2010). In this reading, 'feminisation' (and 'homosexualisation') is underpinned by the premise that feminine qualities and same-sex relations are inherently problematic and undesirable. Such assumptions rely upon as well as reproduce misogyny, gender essentialism and homophobia (for a more elaborate discussion see Schulz, 2018).

Misconception 7: Men/Boy Survivors Are More Profoundly Impacted by Sexual Victimization than Women and Girls

An additional myth that has gained traction is that men/boys survivors are more profoundly impacted by sexual victimisation, face more service uptake barriers and 'will need to navigate ... maybe even greater levels of stigma' than women and girls (SVRI, 2012: 3). While there is some evidence suggesting that men/boy survivors are less likely than women/girl survivors to access services (e.g., Ligiero *et al.*, 2019; Young *et al.*, 2016), sexual violence survivors regardless of their gender frequently face significant stigma, impacts and access barriers. Service uptake is, in general, poor for everyone, and suggesting that men/boy survivors 'have it worse' is at the least inaccurate and at worst, harmful and misogynistic.

Survivors often encounter different access barriers and forms of stigma, depending in part on their gender and sex, but also their context, culture and the individual. For example, women/girl survivors may be forced to marry their rapist, coerced to undergo harmful traditional 'cleansing rituals', or die from an unsafe abortion after becoming pregnant from rape or at the hands of their family members who deem it a violation of the family's

'honour'. In settings where same-sex relations are criminalised, men reporting rape by another man may face arrest. Boy survivors who disclose suffering sexual abuse may be more likely to be perceived as perpetrators rather than victims (Kropiwnicki-Gruber *et al.*, 2018). Trans men survivors – some of whom become pregnant from rape – have unique sexual and reproductive health needs. Lesbian and gay survivors, as well as others with non-conforming sexual orientations and gender identities, face specific barriers to service uptake (Chynoweth *et al.*, 2020a). While sexual violence services are often oriented to women and girls (who comprise the majority of survivors), men/boy survivors may have the ability to flee to another city or even country – an option that many women and girls do not have (Chynoweth, 2019b: 47).

Sexual violence survivors frequently face service access barriers including stigma, negative service provider and community attitudes, and a lack of support from families and partners. Victim-blaming is prevalent across the world and survivors are frequently confronted with questions about their own behavior and how they could have prevented the assault. Combined with the dearth of services across humanitarian settings and the dangers that survivors face in disclosing, the number of survivors – women/girls, men/boys, and nonbinary persons – who come forward to access services likely represent the tip of the iceberg (Palermo *et al.*, 2013). Creating a hierarchy of gendered harms, stigma and barriers is nonsensical. As one medical doctor providing care for survivors of different genders noted: '[H]ow do you weigh [stigma]? And what does that even matter?' (Fieldnotes, London, 2018).

Misconception 8: Men/Boy Survivors Never Disclose Their Experiences of Sexual Violence

There is a common assumption that 'men will never speak about their experiences of sexual violence' or that they will 'only want to talk to other men'. However, men, like women, do disclose victimisation in safe, non-judgemental and confidential spaces. Men/boy survivors disclose to people whom they trust – women and men – and in situations where they feel that disclosure will result in being understood and/or accessing assistance (Touquet, 2018b). The decision to disclose is highly individual and preferences regarding the gender of the service provider cannot be generalised, even within a specific setting or context. Indeed, when confidential, survivor-centred services are available and accessible, many men/boy survivors disclose victimisation and seek care.

On the *Aquarius* search and rescue vessel in the Mediterranean, for example, health providers

significantly increased sexual violence service uptake among men and women refugees and migrants by convening private, gender-specific groups and informing people about the forms of sexual violence, its prevalence on the migration route and the medical and mental health consequences of such violence (Chynoweth, 2019a). Survivors had the option of speaking with a man or woman health provider and some women and men disclosed to providers of a different gender. A report by UC Berkeley's Human Rights Center (2018) contains similar examples, guidelines and tools from research on disclosure in forced displacement in Central America.

Gender-based violence specialists have spent decades working to develop effective programmes that create safe, conducive environments to allow women/girl survivors to come forward and access care. Survivor-centred principles like ensuring confidentiality and practicing non-discrimination are essential to creating an environment where survivors feel safe enough to disclose. The experiences of frontline service providers show that, when confidential, good quality services are available and accessible – in conjunction with sensitised community outreach – survivors of all genders and sexualities will access them (Martin, unpublished).

Misconception 9: Sexual Violence Services Are Widely Available for Women and Girls, but Not for Men and Boys

Since the 1990s, feminists and others have spearheaded significant efforts to address sexual violence against women and girls in conflict and displacement, including the development of the Inter-Agency Standing Committee gender-based violence guidelines (IASC, 2005, 2015), the inclusion of sexual violence in the statutes of international and hybrid criminal tribunals and in UN Security Council Resolutions³, and the launch of a number of high-level initiatives.⁴ However, the increased policy and rhetorical attention to conflict-related sexual violence has not resulted in systematic services for survivors on the ground. Significant gaps exist in sexual violence services for women and girls as well as for men and boys and survivors of other genders (Chynoweth *et al.*, 2020a; Casey *et al.*, 2015). Despite this, some mistakenly conclude that sexual violence services for women and girls are widely available in humanitarian settings.

Resource constraints are a key impediment to sexual violence service availability. An analysis of funding for sexual and reproductive health services, including post-rape care, in humanitarian appeals found that, from 2009 to 2013, only 37 per cent of the total gender-based violence-related funding requests were funded (Tanabe *et al.*, 2015). From 2016 to 2018, only 0.1 per cent of

humanitarian response funding was allocated to gender-based violence programmes and two-thirds of the gender-based violence-related funding requests were unfunded (Voice and IRC, 2019).

Even in humanitarian settings where sexual violence is acknowledged to be a problem, post-rape medical care is either unavailable or insufficient (Casey, 2015). For example, the conflict in the eastern DRC is marked by high levels of sexual violence (Johnson *et al.*, 2010), which has received significant rhetorical attention; despite this, services for sexual violence survivors remain inadequate (Casey *et al.*, 2015). This lack of access is a global issue affecting survivors of all genders and sexualities. The 2019 UN Secretary-General's report on conflict-related sexual violence confirms that access to health services for survivors remains a significant challenge (UNSC, 2019). Most survivors in humanitarian settings – not only men and boys – lack access to critically needed services.

Misconception 10: Gender Neutral Services Are Best Equipped to Address the Needs of Survivors of All Genders

Men/boy survivors are a diverse group, and adequate responses for them cannot be achieved by establishing 'gender neutral' programmes – nor by replicating programmes designed for women and girls, or simply 'adding men and boys' to existing programmes and services designed for women and girls. Such approaches will not only fail to meet the diverse needs of men and boys, but could also threaten the existence of and access to services for women and girls.

As discussed above, survivors of different genders and sexualities require a range of different services and approaches. Evidence from the field suggests that tailored and specialised services for men and boys can enable more survivors to come forward, ensure survivors are treated with more dignity, reduce humiliation and physical pain, provide spaces for the renegotiation of gendered identities, offer more effective support mechanisms, and mitigate isolation (El Kak, 2015; Schulz, 2019; Chynoweth, 2017). Men/boys survivors, like women/girl and nonbinary survivors, are not a homogenous group. This category includes people with a range of sexualities, gender identities, and gender expressions, and differentiations along lines of class, race, ethnicity, caste, nationality and ability, among others. To provide services to 'men' or 'men and boys' as if they were a monolithic category would be to repeat the mistakes that are often made in the provision of 'women-friendly' services, which in practice are often 'straight and cisgender women-friendly' (Jolly, 2011; e.g. see Chynoweth, 2019b: 63). Trans women, trans

men, queer women, queer men, as well as those who identify beyond the gender binary should be provided with specialised services. But not all queer and trans survivors require the same services, or services in the same spaces – a disaggregation of their needs is required (RefugePoint, 2018).

Gender neutral services, while ostensibly 'open to all', can be unwelcoming to women, girls, queer people and trans people. Women and girls are often unable to go to spaces ostensibly designed to include them because those spaces can become dominated by men and boys. When they do access them, they can be silenced, face risks when they speak out, and experience harassment and violence (COFEM, 2017a). In Jordan, attempts to conduct gender-based violence workshops with men and boys in a women and girls' space caused some women to feel uncomfortable and their experience of the space was compromised. Simultaneously, the efficacy of the work with men was undermined because men and boys felt unwelcome when asked, for example, to wait outside the boundaries of the space, in high temperatures, until the start of the workshops, in order to maintain it as a women and girls' space as much as possible (Fieldnotes, Jordan, 2016).

In the field, gender-based violence practitioners have encountered colleagues who claim that women-only spaces are 'discriminatory' (COFEM, 2017b: 7). While we strongly advocate for women's spaces to be open to and welcoming of all women (including trans women), claiming that women-only spaces are 'discriminatory' ignores the patriarchal structures that necessitate these spaces' existence. The needs of men and boys, and people of all genders and sexualities, can be addressed without minimising the space and attention necessary to safely address the needs of women and girls in inclusive ways.

Conclusion

In highlighting the evidence in conjunction with our insights, we have identified and challenged common misconceptions about sexual violence against men and boys to help better inform both academic scholarship and humanitarian response. As work on gender-based violence has shown, it is difficult to disentangle the way that we discuss violence from the practice of violence itself (Shepherd, 2008). The way that sexual violence against men and boys is presented in scholarship and advocacy has important impacts on the types of services that are provided, the significance policymakers, donors and humanitarian actors give to the problem, and the kinds of unintended consequences of increased attention that might emerge.

Failure to draw on and build upon existing evidence produces different kinds of problematic outcomes including exacerbating stigma, creating barriers to funding for

certain groups of survivors, and providing ammunition for policymakers, politicians and activists who want to undermine feminist analyses of conflict. Some of the claims debunked in this article are employed in an attempt to undermine humanitarian responses informed by feminist understandings of gender, and may be used to erode specialised programming for women and girls. Reproducing the misconceptions risks precisely this outcome, not only failing to deliver meaningful programming for men and boys but undermining hard-won gains in programming for women and girls.

Reflecting on the presence of these ten misconceptions, we believe some important steps should be taken to ensure that future work does not produce unintended harms. First, providing survivors with the appropriate assistance and support requires an analysis of survivors' experiences that is driven by survivors, on their own terms, using their own frameworks and in their own language. Second, this analysis should be intersectional and attentive to gender and the other structures of power and differentiation with which it intersects and which shape survivors' lives, including considering how race, age, ethnicity, class, religion, location, sexuality and disability intersect with one another and shape sexual victimisation. These factors are not fixed variables and demand contextual knowledge. Survivors' views and insights must be central to understanding how to respond to their needs. The contextual nature of survivors' experiences and needs may require survivor-centred approaches to differ from case to case and context to context. Developing the sensitivity to respond to these varied contexts requires a concerted effort to do the work to develop rigorous and well-evidenced responses as well as related advocacy efforts. It also requires sufficient and sustained funding. Through the application of more evidence-informed, nuanced approaches, we hope that sexual violence survivors of all genders and sexualities around the world receive the support, care and justice they deserve.

Overcoming the misconceptions that shape the field requires that policymakers, humanitarian actors, donors, academics, and activists actively engage with and amplify the most recent research on the subject. This is particularly pertinent considering how widespread misconceptions about sexual violence against men and boys are, and the recent advances in scholarship. Future work must also seek to address the many gaps which characterise the knowledge base, including in relation to gender- and sexual-nonconforming persons, young people and how to improve service uptake. There is no universal experience of sexual violence for men/boys, just as there is no universal experience for women/girls or for nonbinary people. As research and advocacy on sexual violence against men and boys grows, it must build on the existing evidence, rather than reproducing the misconceptions this piece has addressed.

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Notes

- 1 The World Health Organization defines sexual violence as: 'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work' (WHO, 2003: 6).
- 2 In an attempt to use terminology that is accessible and widely understood within the relevant fields, we use terms including 'women', 'men', 'female', 'male', 'queer', 'trans', 'gay', 'bisexual', 'nonbinary' and 'straight' when discussing gender, sex and sexuality. We recognise, however, that there is no terminology (including that which we use here) that accurately captures, across context, constructions of gender, sex and sexuality, without imposing particular histories, ontologies and epistemologies onto subjects who may use different concepts and language in their own understandings and self-identifications.
- 3 Including: UNSCR 1674 (2006); 1820 (2008); 1882 (2009); 1888 (2009); 1894 (2009); 1960 (2010); 2106 (2013); 2467 (2019).
- 4 For example, UN Action Against Sexual Violence in Conflict, UK's Preventing Sexual Violence in Conflict Initiative, Call to Action on Protection from Gender-Based Violence in Emergencies.

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