

Follow-up to "Wartime rape: men, too"

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The *Centre de réflexion sur l'action et les savoirs humanitaires* (CRASH) was created by Médecins Sans Frontières in 1999. Its objective is to encourage debate and critical reflection on the association's humanitarian practices, with the aim of improving them.

The Crash carries out in-depth studies and analyses of MSF's activities. This work is based on the association's framework and experience. In no way, however, do these texts lay down the 'MSF party line', nor do they seek to defend the idea of 'true humanitarianism'. On the contrary, the objective is to contribute to debate on the challenges, constraints and limits – as well as the subsequent dilemmas – of humanitarian action. Any criticisms, remarks or suggestions are most welcome.

Follow-up to "Wartime rapes: men, too"

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In "Wartime rapes: men, too", I discussed an article, "The rape of men", by Will Storr published in *The Observer* on 17 July 2011 (<http://www.guardian.co.uk/society/2011/jul/17/the-rape-of-men>). The newspaper summarises the article as follows: "In this harrowing report, Will Storr travels to Uganda to meet traumatised survivors, and reveals how male rape is endemic in many of the world's conflicts". The article features the story of a young Congolese man who was raped in Kivu (Democratic Republic of Congo) by an armed group of 12 men. He managed to flee and found refuge in Kampala, Uganda, where he received medical treatment from the Refugee Law Project (Makerere University), whose director is a British doctor, Chris Dolan. During an interview with the reporter, Dolan questioned the restrictive way many organisations use the concept of gender, believing that only women can be victims of sexual violence. Storr clearly supports this critique.

In reaction to this article, 209 messages were published by *The Observer* from 17 to 19 July 2011. I'm not sorry that I read all of them; they raise many questions about the treatment of sexual violence suffered by men during wartime. Are they recognised or ignored by organisations and institutions involved in helping the victims of armed conflict? When their restrictive use of the gender concept is criticized, is that a sign of misogyny and hostility to feminism (i.e. hostility to certain feminist ways of thinking: the "old feminist view")? How can we explain the stigmatization of victims, silence about their fate in society and resistance to treating them? How can we explain the decision to rape men? Is it a matter of "homosexual rape" and "latent homosexuality"? Or should such violence be attributed to the armed conflict situation and considered exclusively as an act of power, a desire to humiliate, terrorise, dominate and make others suffer ("rape is about power")?

How can we provide aid, especially medical care, to these men? Should it be separate and different from the assistance provided to women? I will summarise as faithfully as possible the main issues expressed by the commenters. My initial goal in this article is not to call certain arguments or interpretations of the rapists' behaviours right or wrong but to show how these discussions and exchange of views address gender norms and rules. I also aim to identify the practical effects of major norms and rules on the provision of aid to victims. For that reason, I must first present the comments themselves, noting the various issues that come up most frequently in the discussion.

MIND OF THE RAPIST

A number of the commenters try to understand the rapists' behaviour and explain their motivations, without in any way excusing what they did. Two different perspectives hold sway throughout the 209 messages. One asserts that the decisive factor is the desire for sex and pleasure, while the second sees the motivation as a desire to terrorise, humiliate and hurt in a situation of armed violence, as in the eastern region of the DRC, that has nothing to do with "desire" or "sexuality". These two camps hold firmly to their hardcore and irreconcilable positions.

Added to this debate is a discussion on the hypothetical link between male rapes and the perpetrators' "latent homosexuality". In response to this viewpoint, several people retort that in an environment where homophobia and heterosexual norms prevail, it is absurd to attribute rape during an armed conflict to homosexuality. Firstly, this argument reduces homosexuality to a single act (violent in this case) and secondly, it ignores the dominance and pressure of "machismo", which we must "put an end to" ("Let's do whatever is necessary to stop the rape culture and put an end to machismo"). My aim here is not to support one of these viewpoints. It should be noted, however, that the "latent homosexuality" idea takes a very dangerous interpretive approach: instead of referring to the chain of events that lead to rapes (as do those who characterise it as an

act of terror), it starts with observable behaviours and infers a state of mind and motivations supposedly causing these actions. Without research into the actual rape situations, there is reason to doubt this claim to grasp rapists' motivations from so far away.

FEMINISM CHALLENGED, RESISTANCE TO TREATMENT

A number of comments endorse the article's reported criticisms against United Nations agencies and international NGOs: these comments criticize the opinions that identify gender relations with male dominance over women and thereby conclude that only women can be victims while men are exclusively perpetrators of violence. This is the argument that Dr Dolan and lawyer Lara Stemple use against relief organisations operating in conflict situations to explain why they do not recognise sexual violence against men and have no plans to help them. One post recalls that certain radical feminists in the 1980s called men "a class of oppressors", a perspective that results in reserving victim status for women and perpetrator status for men.

Other messages, however, object to placing the blame on feminists – the people who led the way to the public condemnation of sexual violence, who fought the taboo that prevented any action from being taken. And if people are speaking out now about male rape during wartime, it is only because feminists laid the foundation. One comment (michaelamherst) re-examines the position adopted by most aid organisations' position on gender politics: what is objectionable is not feminism in general but the binary concept of gender. This concept states that the act of rape is "a purely male behaviour", and that men are characterised by "aggressive sexuality" while "being a victim is viewed as a sign of femininity and weakness". It is thus the binary concepts of gender that should be eliminated.

Several people note that victims of sexual violence in conflict zones are overwhelmingly women; none of the posts contradict this fact yet many say they are surprised by the large percentage of male victims in the conflict zones of the eastern DRC.

GENDER AND VICTIM ASSISTANCE

All of the messages condemn the sexual violence against men and the problems they are having in the United Kingdom and Ireland gaining access to services equal in quality to the assistance provided to women. One point of disagreement is the organisation of victim assistance centres. According to some commenters, the centres serving women should not accept men and should create separate facilities reserved for them. The major argument in support of this position is that mixing the sexes would only exacerbate the women's trauma. Victim assistance services should maintain separate facilities for women so that female patients feel safe from any danger and are not traumatised by the presence of men. One message, which supports the creation of separate services, adds that aid organisations must take into account that we live in a world where gender differences have social repercussions. As a result, it is their responsibility to create different protocols and healthcare facilities.

One argument dominates amongst those who oppose separate aid facilities: such a separation perpetuates and legitimises women's feeling of fear, and even panic, toward all men, which only strengthens their vulnerability. On the other hand, creating mixed facilities, where the quality of services would be identical for everyone, would show women that they are not the only victims and that they share this fate with certain men. Some of the commenters note that the vast majority of the male rape victims are also victims of men (Abu Ghraib is cited as an example to emphasise that women can sometimes be perpetrators and men victims of sexual violence).

If men, like women, are overwhelmingly the victims of men, then separating the sexes is not justified, particularly because shared access to the same quality of care would demonstrate that violence is not a character trait specific to the male gender and that the status of sexual victim is common to both men and women. Of primary importance is the quality of the therapeutic relationship between caregiver and patient.

Will Storr's article is a piece of socially committed journalism. He speaks out against "the conspiracy of silence" toward sexual violence against men evident in a "number of developing countries". Storr bases this commitment on a patient's personal account, the research of university professor Lara Stemple and accounts by two people working for the Refugee Law Project in Kampala, Dr Dolan and the health centre's gender officer. Challenging a binary perspective of gender is one of the main themes in Storr's critique. A number of commenters also address this issue. They frequently criticize a "macho culture" that uses a strictly binary means of assigning gender identity, with the effect of stigmatising male rape victims and denying them the level of support provided to women. This article and the 209 comments have the great merit of challenging the influence of gender concepts and standards on care providers in the United Kingdom but also on humanitarian workers in general.