



**WOMEN'S
REFUGEE
COMMISSION**

Research. Rethink. Resolve.



**“More Than One Million Pains”:
Sexual Violence Against Men and Boys on the
Central Mediterranean Route to Italy**

March 2019



The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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National Reference Group members include Giuseppe Cataldi of the University of Naples and Massimiliano Schirinzi of the University of Palermo.

****Note that this report contains graphic descriptions of sexual violence.****

Cover photo: Informal refugee and migrant settlement at an abandoned penicillin factory in Rome
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EXECUTIVE SUMMARY

“We have so many pains in our hearts. It is more than one million pains. It is hard to say everything.” –“Malike,”¹ from Ghana, men’s focus group discussion.

Every year since 2014, tens of thousands of refugees and migrants have traveled the central Mediterranean route to Italy, one of the most active and dangerous migration passageways in the world.² Along the way, many encounter kidnapping, exploitation, extortion, and enslavement. Large numbers die in the desert, are confined to hellish detention centers in Libya, or drown at sea. Sexual violence against refugee and migrant women and girls is rampant throughout the route. Women and girls also face sexual violence, including sexual exploitation and trafficking, in Italy. Less is known about the men and boys who undertake this journey. These knowledge gaps are of concern, given that an estimated 87.5 percent of refugees and migrants who have entered Italy via the central Mediterranean route since 2016 are men and boys, the latter of whom are largely unaccompanied.³

The Women’s Refugee Commission (WRC) conducted a qualitative exploratory study to examine the nature and characteristics of sexual violence perpetrated against refugee and migrant men and boys⁴ traveling the central Mediterranean route to Italy. Intersections with violence against women and girls were also probed. In October 2018, WRC undertook fieldwork in Rome and Sicily—specifically Catania, Palermo, and Syracuse. Methods included key informant interviews with 63 humanitarian personnel and service providers, 10 focus groups with 52 refugees and migrants, and two focus groups with 10 guardians⁵ and service providers. Data were coded and analyzed thematically using NVivo 12, a qualitative data management software. The University of New South Wales granted ethics approval for this study and The University of Palermo’s Department of Psychological, Pedagogical, and Education Services reviewed and approved the research protocol.

This study was conducted against a background of measures that the European Union (EU) and its member states, particularly Italy, have enacted to stem the flow of migration from Libya. The EU is

1 Names of refugees and migrants who participated in this research were neither requested nor recorded. For quotes included in this report, names were randomly assigned.

2 UNHCR, Operations Portal: Mediterranean Situation—Italy (2019), <https://data2.unhcr.org/en/situations/mediterranean/location/5205>.

3 Refugees and migrants arriving in Italy: in 2016, 71% of all new arrivals were men and 16% children, 93% of whom were boys. In 2017, 74% were men and 15% children, 93% of whom were boys. In 2018, 72% were men and 18% were children; UNHCR reports that exact gender disaggregated data of newly arrived children are currently unavailable for 2018, but that “most” are boys. We assumed that trends remained consistent and estimated that 93% of all newly arrived children in Italy in 2018 were boys. UNHCR, UNICEF, IOM, *Refugee and Migrant Children—Including Unaccompanied and Separated Children—in the EU: Overview of Trends in 2016* (April 2017). UNHCR, UNICEF, IOM, *Refugee and Migrant Children in Europe: Overview of Trends 2017* (2018). UNHCR, *Operations Portal: Mediterranean Situation—Italy (2019)*, <https://data2.unhcr.org/en/situations/mediterranean/location/5205>.

4 We acknowledge the term “men and boys” is limiting. See “A note on terminology” at the end of the report.

5 A guardian of an unaccompanied minor is “an independent person who safeguards a child’s best interests and general well-being, and to this effect complements the limited legal capacity of the child. In Italy, guardianship is voluntary and not remunerated.” Iolanda Genovese, “How Voluntary Guardianship for Unaccompanied Minors Took Root in Sicily,” UNICEF, February 13, 2018, <https://blogs.unicef.org/evidence-for-action/duty-to-protect-how-voluntary-guardianship-for-unaccompanied-minors-took-root-in-sicily>.



providing millions of euros to support training, equipment, and technical assistance for the Libyan Coast Guard to intercept and forcibly return refugees and migrants crossing the Mediterranean. The EU has also committed significant financial support to Libya’s Ministry of the Interior to enhance the country’s detention infrastructure and support staff capacity building. The Italian government has passed measures forcing NGO search and rescue boats in the Mediterranean to cease operations.

Key Findings

The study revealed seven key findings:

1. **Sexual violence against all refugees and migrants—women, men, girls, boys, and persons with diverse sexual orientation, gender identity and expression, or sex characteristics (SOGIESC)—appears to be commonplace along the central Mediterranean route.** Sexual violence, including conflict-related sexual violence and sexual abuse within families, is a push factor for some refugee and migrant men and boys to leave their home countries. During the journey to Italy, they encounter sexual violence at borders and checkpoints, during random stops by armed groups, and while kidnapped and imprisoned.
2. **Sexual violence, including sexual torture, against female and male refugees and migrants appears widespread in Libya.** Sites of sexual violence include official detention centers, clandestine prisons, in the context of forced labor and enslavement, during random stops and at checkpoints by armed groups, in urban settings by gangs, and in private homes. Sexual violence is used for extortion, subjugation, punishment, and entertainment, and frequently involves elements of profound cruelty and psychological torture. Sexual victimization is usually not a single event: findings suggest that refugees and migrants are repeatedly exposed to multiple forms of sexual violence by a variety of perpetrators in contexts of impunity.
3. **Sexual violence is perpetrated in ways that involve and impact both women and men.** Men and boys are forced to witness sexual violence against women and girls (including lethal rape with objects) in official and unofficial centers of captivity and in the desert. It was also frequently reported that men and boys are forced to rape women and girls, including family members. Women are also forced to perpetrate sexual violence against refugee and migrant men and boys. Much of this violence is carried out in public or filmed for humiliation and/or extortion purposes. Sexual victimization can disturb male survivors’ relationships with female family and community members, and women and girls are reported to be emotionally and psychologically impacted by the sexual victimization of men and boys.
4. **In Italy, some refugee and migrant adolescent boys, young men, and persons with SOGIESC are being sexually exploited and abused, although the extent is unknown.** Little attention has been given to primary prevention of sexual exploitation and abuse among refugees and migrants in Italy. With recent legislation (Law 132/2018) that threatens to push large numbers of refugees and migrants into illegality and homelessness, key informants worried that sexual exploitation and abuse of female and male refugees and migrants may increase.
5. **The short- and long-term psychosocial and health impacts of sexual violence against men and boys are wide-ranging, as they are for women and girls.** Mental health service providers reported male and female survivors presenting with symptoms indicative of complex trauma. Among the physical health impacts on men and boys within this refugee and migrant population are sexually transmitted infections, including HIV, genital and rectal trauma, hemorrhoids, sexual dysfunction, and urinary problems, in addition to other torture-related health impacts such as cuts, burns, broken bones, and gunshot wounds. Sexual victimization can impact a survivor’s



capacity for social and economic integration. With good quality treatment and support, many survivors are able to achieve some degree of recovery.

6. **In select cities in Italy, a handful of local organizations are providing comprehensive, good quality services for male and female survivors, yet need far outweighs service availability.** In general, the existing networks of post-sexual violence service providers are not equipped to respond to male survivors and are unable to adequately meet the needs of female survivors. The reception system itself is underfunded and fragmented, and accountability mechanisms to enforce compliance with minimum standards in sexual violence prevention and response in reception facilities are lacking.
7. **The study found multiple barriers that undermined male and female survivors' access to care, and identified enablers that could be leveraged or built upon to facilitate service uptake.** Barriers include anti-migration legislation, sociocultural norms and beliefs, communication barriers, limited awareness of the issue among service providers, capacity challenges, and poor referral systems, among others. Enablers at the time of data collection included free health care for refugees and migrants, supportive legislation for male sexual violence survivors, robust civil society efforts, and existing models of service provision for male and female refugee and migrant survivors of sexual violence that can be replicated.

WRC's work with men and boys is feminist in its approach and prioritizes accountability to women and girls. We do this by:

- Exploring the ways in which sexual violence against men and boys impacts the lives of women and girls;
- Exploring the ways in which sexual violence against men and boys intersects with violence against women and girls;
- Advocating for services for and attention to male and female survivors;
- Working to dispel the myth that post-sexual violence services are widely available for women and girls but not for men and boys: across humanitarian settings, they need strengthening for all survivors; and
- Including experts on violence against women and girls and persons with diverse SOGIESC on our Global Advisory Committee.



RECOMMENDATIONS

The findings from this exploratory study are alarming. Prevention, mitigation, and response to sexual violence and other harms against women, men, boys, and girls, including those with diverse SOGIESC, must be prioritized throughout the central Mediterranean route. In Italy, services for both female and male survivors urgently require strengthening and expansion. The recommendations below complement existing recommendations set forth by OHCHR,⁶ UNHCR,⁷ UNICEF,⁸ Médecins Sans Frontières (MSF),⁹ and Amnesty International,¹⁰ including those directed to the Libyan authorities and governments of countries along the central Mediterranean routes

To the EU and its Member States:

- Put the human rights of refugees and migrants at the center of decision- and policy-making related to migration, including upholding the principle of the best interests of the child at all times.
- Respect the principle of *non-refoulement* and end all policies and practices that directly and indirectly support the forced return of refugees and migrants to Libya.
- Ensure that any cooperation with or support to Libyan institutions aligns with international legal obligations, including human rights, refugee, and humanitarian law.
- Urge Libyan authorities to release all refugees and migrants arbitrarily detained and to work with the UN and NGOs to institute human rights-based alternatives to detention.
- Increase safe and legal entry pathways for refugees and migrants to Europe, including expanding access to asylum, family reunification, humanitarian visas, education visas, and other visa categories.
- Develop and operationalize policies, processes, and mechanisms to support primary prevention of sexual violence and exploitation among refugees and migrants in Europe, including women, men, female and male adolescents, and adult and adolescent persons with diverse SOGIESC.
- Enhance support for male and female survivors of sexual violence and torture, including health (particularly sexual and reproductive health), psychosocial, legal, and other support services, regardless of migration status.
- Fund relevant programs to better prevent, mitigate, and respond to sexual violence and exploitation in countries of origin and throughout migration routes to Europe.
- Strengthen policies and programming—at national, regional, and local levels—to combat xenophobia, racism, and racial, ethnic, and religious discrimination and related intolerance.

To the Italian authorities (in addition to the above):

- Rescind Law 132/2018 on international protection, immigration, and security and urgently reinstate humanitarian protection for vulnerable refugees and migrants.

6 United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Desperate and Dangerous: Report on the Human Rights Situation of Migrants and Refugees in Libya* (December 18, 2018).

7 UNHCR, *Desperate Journeys: Refugees and Migrants Arriving in Europe and at Europe's Borders: January–December 2018* (January 2019).

8 UNICEF, *UNICEF Note—Italy: Law on International Protection and Immigration, Public Safety and Organized Crime. Impact on Migrant and Refugee Children of the Law 132/2018 and Recommendations* (2018).

9 MSF, *Out of Sight: Informal Settlements, Second Edition* (February 2018), and MSF, *Harmful Borders* (February 2018).

10 Amnesty International, *Between the Devil and the Deep Blue Sea: Europe Fails Refugees and Migrants in the Central Mediterranean* (2018).



- Reopen harbors and ports to NGO search and rescue ships, end the criminalization of vessels, and reactivate search and rescue by the Italian Coast Guard.
- Establish and expand safe shelter and protection facilities for female and male refugee and migrant survivors of sexual violence, including persons with diverse SOGIESC.
- Lead development of standard operating procedures (SOPs) to better link and coordinate all relevant actors (national, international, UN, governmental, NGO, and community-based organizations) at the national and local levels to enhance efficient and effective processes on sexual and gender-based violence prevention, mitigation, and response, including inclusive referral pathways and procedures that meet the needs of both female and male survivors.
- Map and strengthen existing services for sexual violence survivors that can sufficiently respond to the specific needs of the refugee and migrant population, including men, boys, adolescents, and persons with diverse SOGIESC.
- Identify, promote, and expand good practices on sexual violence prevention and response across the country.
- Improve two-way communication with refugee and migrant communities, including promptly notifying people about their rights, how to access available services, and the reporting procedures for sexual violence.
- Develop a standardized curriculum for cultural mediators that includes appropriately receiving and managing disclosures of sexual violence by male and female survivors and directing survivors to sensitized service providers. Ensure that cultural mediators are trained in this curriculum and increase availability of cultural mediators at local and national services accessed by refugees and migrants.
- Ensure transitional support for unaccompanied minors who age out of support services and for adults whose asylum verdict restricts their continued access to public support, as these groups are vulnerable to sexual exploitation.
- Improve the quality of reception facilities and the conditions in these facilities and support compliance with minimum standards on protection and sexual and gender-based violence for reception facilities.
- Support capacity development on sexual violence prevention and response for service providers and frontline workers working within and outside the reception system to improve awareness of sexual violence and reduce stigmatization of male and female survivors.
- Develop and implement targeted efforts to prevent and respond to sexual violence and exploitation among refugees and migrants outside of the formal reception system, including those living in informal settlements, on the northern borders, and those transiting to other EU countries.
- Systematically and ethically collect and share sex- and age-disaggregated data on sexual and gender-based violence against refugees and migrants.

To UNHCR, UNICEF, IOM, and other international humanitarian actors in Italy

- Continue to work closely with Italian authorities to support capacity development of national institutions and provide technical input on policy development to enhance prevention, mitigation, and response to sexual and gender-based violence for all refugees and migrants.
- Continue to support efforts to enhance capacity of service providers and frontline workers to prevent and respond to sexual violence, including enhancing awareness of sexual violence against men and boys, reducing stigmatization of female and male survivors, and improving appropriate and timely referral of survivors.



- Using the Inter-Agency Standing Committee’s *Interagency Gender-Based Violence Case Management Guidelines*,¹¹ provide technical assistance to strengthen targeted, sensitized case management for male and female survivors and survivors with diverse SOGIESC.
- Engage young men, boys, and persons with diverse SOGIESC in the development of prevention and risk mitigation strategies for sexual exploitation.
- Promote protection, awareness-raising, capacity development, and support for refugees and migrants with diverse SOGIESC, and support local organizations providing services for refugees and migrants with diverse SOGIESC.
- Promote clinical supervision and provide mental health support, including assistance with self-care and vicarious traumatization, for implementing partners and frontline staff, including cultural mediators.

To service providers

- Ensure all efforts related to sexual violence prevention, mitigation, and response are survivor-centered.
- Educate and sensitize staff to the needs of male and female survivors and survivors with diverse SOGIESC, including providing information about symptoms and signs indicating sexual violence.
- Ensure the availability of sensitized, trained male counselors, therapists, and social workers, and that survivors have a choice regarding the gender of the staff they work with.
- Where possible, expand service provision for male and female sexual violence survivors and survivors with diverse SOGIESC, including clinical management of sexual violence, mental health care and psychosocial support, legal aid, and access to protection.
- Expand HIV prevention, outreach, awareness-raising, testing, and availability of comprehensive services and support.
- After high-quality services are made available and sensitized referral pathways are established, develop and pilot targeted communications strategies to meaningfully engage with refugee and migrant communities, inside and outside of the reception system, to raise awareness about sexual violence against men and boys, dispel myths, and describe how, where, and why to access available services.
- Explore engagement with sensitized, sympathetic religious leaders (such as local imams) to support the recovery of male and female survivors.
- Document and disseminate good practices and lessons learned about preventing, mitigating, and responding to sexual violence against male and female refugees and migrants, including those with diverse SOGIESC.

To donors

- Fully fund the 2019 Libya Humanitarian Response Plan.
- Provide much-needed funding to support, expand, and scale effective local service delivery models for refugee and migrant sexual violence survivors in Italy.
- Without compromising targeted support for women and girls, support the piloting and evaluation of programs to a) prevent sexual violence and exploitation against refugee and

11 Inter-Agency Standing Committee, *Interagency Gender-Based Violence Case Management Guidelines* (2017). <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>.



migrant men, boys, and persons with diverse SOGIESC; b) promote service uptake for survivors; and c) support social and economic integration for survivors.

- Support local organizations serving refugees and migrants with diverse SOGIESC to better respond to and support sexual violence survivors.
- Fund staff capacity development, sensitization, and values clarification, including for cultural mediators, to enable better identification, referral, and care for male and female sexual violence survivors within a transcultural framework.
- Ensure funding for mental health and psychosocial support for frontline staff, including cultural mediators, is included in relevant grants.
- Support comprehensive HIV programming targeted to refugees and migrants.
- Provide funding for capacity development for and supervision of transcultural mental health providers.



Map at the CivicoZero Center for refugee and migrant youth in Catania.



INTRODUCTION

The central Mediterranean route, from North Africa across the Mediterranean and into Italy and Malta, is one of the most dangerous migration routes in the world. Thousands of refugees and migrants¹² trek across the Sahara towards Europe every year—risking kidnapping, exploitation, violence, and death. Most transit through Libya, which has collapsed into lawlessness and where thousands of refugees and migrants are exposed to slavery, torture, and arbitrary detention, among other serious human rights violations. For those who manage to escape, the voyage across the Mediterranean is often lethal, with almost 15,000 refugees and migrants drowned or missing since 2014.¹³ In 2018, due to a decline in search and rescue operations off the Libyan coast, this leg of the journey became even deadlier: the mortality rate on the central Mediterranean sea crossing almost tripled in 2018, with one in 14 people attempting to cross dead or missing compared to one in 38 the previous year.¹⁴ While Italy brings relative safety, refugees and migrants living there face a new set of difficulties, including discrimination, exploitation, and poverty.

The large majority of refugees and migrants journeying to Italy are male: in 2018, 72 percent of all sea arrivals were men and 18 percent were children, primarily unaccompanied boys.¹⁵ IOM, OHCHR, UNHCR, and others report widespread sexual violence against refugee and migrant women and girls along the central Mediterranean route.¹⁶ While some cases of sexual violence against male refugees and migrants have been documented in Libya,¹⁷ as well as sexual exploitation and abuse of adolescent boys in Italy,¹⁸ not much is known about this violence or male survivors’ access to services.

12 UNHCR defines refugees as “people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country.” Although the persons traveling the central Mediterranean route into Italy are not necessarily recognized as refugees by the national government, this report refers to them as such for ease of reading and because they meet the definition of a refugee as defined in the 1951 UN Refugee Convention and 1967 Protocol. Though an agreed definition of “migrant” does not exist within international law, UNHCR defines migrants as those who “choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. If they choose to return home, they will continue to receive the protection of their government.” UNHCR, “UNHCR Viewpoint: ‘Refugee’ or ‘Migrant’—Which Is Right?” July 11, 2016, www.unhcr.org/en-us/news/latest/2016/7/55df0e556/unhcr-viewpoint-refugee-migrant-right.html.

13 Data from January 2014 to December 2018 and from the central Mediterranean route only; total deaths across the Mediterranean since 2014 is more than 17,000. IOM, *Missing Migrants: Mediterranean—Deaths by Route*, <http://missingmigrants.iom.int/region/mediterranean>.

14 UNHCR, *Desperate Journeys*.

15 UNHCR, *Operations Portal: Mediterranean Situation—Italy* (2019), <https://data2.unhcr.org/en/situations/mediterranean/location/5205>.

16 Human Rights Watch, *No Escape from Hell: EU Policies Contribute to Abuse of Migrants in Libya* (2019); IOM, *Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey. Analysis on Migrants and Refugees from Nigeria Travelling Along the Central Mediterranean Route* (September 2017); IOM Italy, *Human Trafficking Along the Central Mediterranean Route* (2017); UNHCR, *Desperate Journeys: January 2017 to March 2018* (March 2018); UNICEF and IOM, *Harrowing Journeys: Children and Youth on the Move Across the Mediterranean Sea, At Risk of Trafficking and Exploitation* (2017); and United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Desperate and Dangerous*.

17 Human Rights Watch, “EU/NATO: Europe’s Plan Endangers Foreigners in Libya,” July 6, 2016, <https://www.hrw.org/news/2016/07/06/eu/nato-europes-plan-endangers-foreigners-libya>; Oxfam, *Media Briefing: “You Aren’t Human Anymore”* (August 9, 2017); IOM, *Flow Monitoring Surveys: Nigeria*; United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Detained and Dehumanised: Report on Human Rights Abuses Against Migrants in Libya* (December 13, 2016); United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Desperate and Dangerous*.

18 Save the Children, *Young Invisible Enslaved: Children Victims of Trafficking and Labour Exploitation in Italy* (November 2017).



This exploratory study aimed to garner deeper insights into sexual violence against refugee and migrant men and boys along the central Mediterranean route and in Italy. It is part of a broader three-country study being undertaken by the Women's Refugee Commission (WRC) examining sexual violence against forcibly displaced men and boys, which includes investigating the ways in which this violence intersects with violence against women and girls and impacts the lives of women and girls.

OVERVIEW OF METHODS

This qualitative exploratory study examines the nature and characteristics of sexual violence¹⁹ against refugee and migrant men and boys along the central Mediterranean route and in Italy, as well as male survivors' access to services in four settings in Italy. The study focuses on individuals who identify as men or boys or were once designated as such, including gay and bisexual men as well as transgender men and women and third-gender persons.²⁰ The purpose of this study is to elicit insights into sexual violence against refugee and migrant men and boys in order to inform humanitarian practice and strengthen responses for at-risk men and boys and male survivors.

Fieldwork was conducted in Rome and Sicily—specifically Catania, Palermo, and Syracuse—from October 15 to November 1, 2018 (see Map 1). Four methods of data collection were employed:

- **Document review** was undertaken prior to in-country data collection to identify and summarize existing data related to sexual violence against refugees and migrants along the central Mediterranean route and in Italy.
- **Interviews with 63 key informants** were conducted with local and



19 See Key Definitions at the end of the report for definitions of sexual violence, sexual exploitation, trafficking, and other terms used in the report.

20 We acknowledge that the term “men and boys” is limiting and does not capture many persons of diverse SOGIESC who are included in the scope of the study. Transgender women, third-gender and non-binary persons, and other persons of diverse SOGIESC who were assigned a masculine gender at birth but do not identify as men or boys are included in this study because: a) violence is frequently directed against them because their gender identity or expression does not align with their assigned (masculine) gender; b) violence against them may have been experienced while they identified as men or boys; and c) some may be in the process of transitioning and their transition is not yet complete.



international humanitarian responders, service providers, cultural mediators, human rights experts, and government officials, primarily working in Italy. Six key informants had previously worked in or were currently working in Libya, and five had worked on search and rescue boats in the Mediterranean.

- **Focus group discussions (FGDs):**
 - » **10 FGDs were held with 52 refugees**, including unaccompanied adolescent boys (ages 15-17), young men (ages 18-24), men (ages 24-40), and persons with diverse SOGIESC (ages 18+).
 - » **2 FGDs were held with 10 guardians, psychologists, and reception center operators.**
- **Observations** of reception centers, informal settlements, and service delivery points, such as health and mental health facilities, were captured in field notes.

The University of New South Wales granted ethics approval for this study in May 2018 (HC180126). The University of Palermo’s Department of Psychological, Pedagogical, and Education Services reviewed and approved the research protocol. A Global Advisory Committee and a National Reference Group were established to provide additional guidance and ethical oversight. Data were coded and thematically analyzed using NVivo 12, a qualitative data management software. Limitations included non-representative sampling, possible translation error, and inability to access the following groups: refugees and migrants in first-line reception centers, transgender refugees and migrants, sex workers, and former detainees of the Italian prison system. See Appendix A for further details on research limitations, ethical considerations, methods, participant recruitment, informed consent, translation, validity, and analysis.

FINDINGS

“There is no person who can say that there was no violence. Each person experienced violence from Niger, to Libya, to Italy... No one can say that it didn’t happen.”
–“Oumar,” from Mali, young men’s focus group.

Refugees and migrants traveling the central Mediterranean route encounter a continuum of violence, including sexual violence, beginning in their home countries, while en route particularly in Libya, and in Italy.

Sexual Violence in the Country of Origin

“Sexual violence is for humiliating the enemy. Not only during the journey [to Italy] but for political enemies in the country of origin. They use castration for ethnicity reasons, so they wouldn’t reproduce in their home country. We have patients tell us of being kidnapped and castrated, also of seeing mass graves [of men with amputated genitals].” –Mental health provider.

Refugees and migrants arriving in Italy originate from throughout West, Central, and East Africa, as well as the Middle East and South Asia. In 2018, Tunisia and Eritrea were the top countries of origin for new arrivals.²¹ A variety of factors inform the decision to leave their home country, such as armed conflict, insecurity, family strife, political, ethnic, and religious persecution, limited education and

21 UNHCR, *Operations Portal: Mediterranean Situation—Italy*, <https://data2.unhcr.org/en/situations/mediterranean/location/5205>.



livelihood opportunities, and a desire for a better life. Studies suggest that insecurity and violence, which includes exposure to sexual violence, are among the strongest factors for migration to Europe for both male and female refugees and migrants.²² A 2015 study by Médecins du Monde (MDM) found that, out of 380 refugee and migrant men residing in eight European countries (not including Italy), 7.3 percent disclosed having experienced sexual assault, most often in the country of origin.²³

According to key informants for this study, the experience of sexual victimization is sometimes involved in men's and boys' decision to flee. For a few, it is a key push factor, as social reintegration post-victimization can be difficult, and some remain at risk for further violence. A mental health provider shared an example:

"We had one patient who had been sexually abused in his country of origin, in [the Democratic Republic of the] Congo and that's why he left. He was arrested and they accused him of working on the other side of the border. The police caught him and put him in jail and he was exposed to [sexual] torture for two months in prison."

Other NGOs have also documented accounts of men and boys fleeing to Italy as a result of suffering sexual violence in their home country.²⁴

More frequently, however, sexual victimization or fears thereof can be contributing elements in a constellation of push-pull factors that inform the decision to leave. For instance, key informants discussed how some male refugees, particularly those from the Horn of Africa, fled to escape mandatory military service, including the sexual violence that is prevalent in certain armed forces. Other key informants reported that male refugees had left as a result of suffering violence and trauma during armed conflict, which included sexual violence such as rape, castration, and genital violence, including mutilation and electroshock. Key informants working with male survivors in Italy reported that most incidents of sexual violence occurred en route to Europe or in their home country.

Adolescent Boys

The large majority of unaccompanied children arriving in Italy are adolescent boys, who are frequently fleeing family strife or violence. For example, of 720 unaccompanied and separated children (97% boys) interviewed in Italy in 2016 and 2017, almost one in three decided to leave because of violence or problems at home or with their families; for children from The Gambia, this increased to almost half.²⁵ A 2018 poll by UNICEF found that 73 percent of 244 male refugee and migrant youth in Europe fled due to armed conflict, poverty, or violence.²⁶ Abuse, including sexual abuse, may be a push factor: a small 2017 study of 19 unaccompanied minors (18 male) in Italy, for example, found that around half self-reported experiencing sexual abuse before or during their migration, with one out of four reporting rape; in addition, all reported having been physically and psychologically abused before or during migration.²⁷

22 Alessio d'Angelo et al., *Mapping Refugee Reception in the Mediterranean: First Report of the Evi-Med Project* (2017). IOM, *Study on Migrants' Profiles Drivers of Migration and Migratory Trends* (2016); Mercy Corps & Samuel Hall, *Driven to Leave: Aid & Migration. Assessing Evidence from Somalia and Afghanistan* (August 2018); Susanne Jaspars and Margie Buchanan-Smith, *Darfuri Migration from Sudan to Europe: From Displacement to Despair* (Research & Evidence Facility and Humanitarian Policy Group, August 2018).

23 Among women, 37.6% reported experiencing sexual assault. Médecins du Monde, *Access to Health care for People Facing Multiple Health Vulnerabilities in 26 Cities Across 11 Countries* (May 2015), p. 90.

24 Anonymous, unpublished report (2018).

25 UNICEF & REACH, *Children on the Move in Italy and Greece: Report* (June 2017), p. 3.

26 UNICEF, *A Right to Be Heard: Listening to Children and Young People on the Move* (December 2018).

27 Claudio Longobardi et al., "Abuses, Resilience, Behavioural Problems and Post-traumatic Stress Symptoms Among Unaccompanied Migrant Minors: An Italian Cross-sectional Exploratory Study," *Psichiatria i Psicologia Kliniczna* 17:2 (2017), pp. 87-92.



According to key informants from this study, unaccompanied boys often undergo traumatic experiences in their home country, which sometimes includes sexual abuse and violence inside and outside of the home. A health care provider shared the experiences of one of her patients: "I met a 16-year-old boy who was raped by a neighbor when he was ten years old in his country of origin, in West Africa. He was orphaned at the age of 11 when he witnessed his family being brutally killed in front of him. He lived on the streets, then went through Libya to Europe." She thought that he may have experienced sexual violence in Libya as well: "I was very concerned about him, he was so vulnerable. I was concerned about what had happened to him on his journey and while in captivity. He had some rectal damage and hemorrhoids. I'm unsure of the extent of what he had been through in Libya."

A child protection officer noted frequently hearing stories of sexual contact between boys and adult men in their country of origin:

"Moroccan, Tunisian, but also Eritrean and West African and even Egyptian boys—men and boys having sex is [normalized]. They will say, 'My first experience was when I was dancing at a birthday event and there were a lot of men there and that was my first sexual experience.'"

The officer went on to say that "this is something where we need to find some guidance—about what is cultural and what is sexual harassment and violence," highlighting the need to reinforce among service providers the definition of sexual violence and exploitation, the age of consent, unequal power dynamics, and the potentially distortive impacts of trauma.

Persons with Diverse SOGIESC

Thousands of persons with diverse SOGIESC flee to Europe every year, escaping persecution, violence, and discrimination based on their SOGIESC, in addition to armed conflict, insecurity, and limited livelihood opportunities. Although precise data are unavailable,²⁸ a 2011 study provides a "crude estimate" of up to 10,000 sexual orientation-related asylum applications in the European Union annually.²⁹ Of 100 asylum seekers interviewed by a human rights organization in Italy from 2014 to 2015, 4 percent reported fleeing their home country due to persecution on the basis of sexual orientation.³⁰

As part of this research, refugees and migrants with diverse SOGIESC described an array of violence and discrimination that they experienced in their home countries, with one young gay Nigerian man noting, "You feel like committing suicide after coming out in Africa." Key informants working with refugees with diverse SOGIESC said that many male rape survivors from sub-Saharan Africa believed that they "became gay" as a result of the assault, a common and destructive misconception. One program officer reported:

"Most of the sexual abuse [of gay refugees and migrants] was related to their life in Africa. Many were abused by people inside the family, like an uncle. They relate to that, saying that is how they became gay. They say, 'I became gay because my uncle was raping me.' ... If we go deeper into what they are saying, there is a lot of confusion."

Other key informants commented that refugees and migrants with diverse SOGIESC disclosed abusive experiences in their home countries, but they did not perceive it as abuse due to cultural

28 European Union Agency for Fundamental Rights, *Current Migration Situation in the EU: Lesbian, Gay, Bisexual, Transgender and Intersex Asylum Seekers* (March 2017).

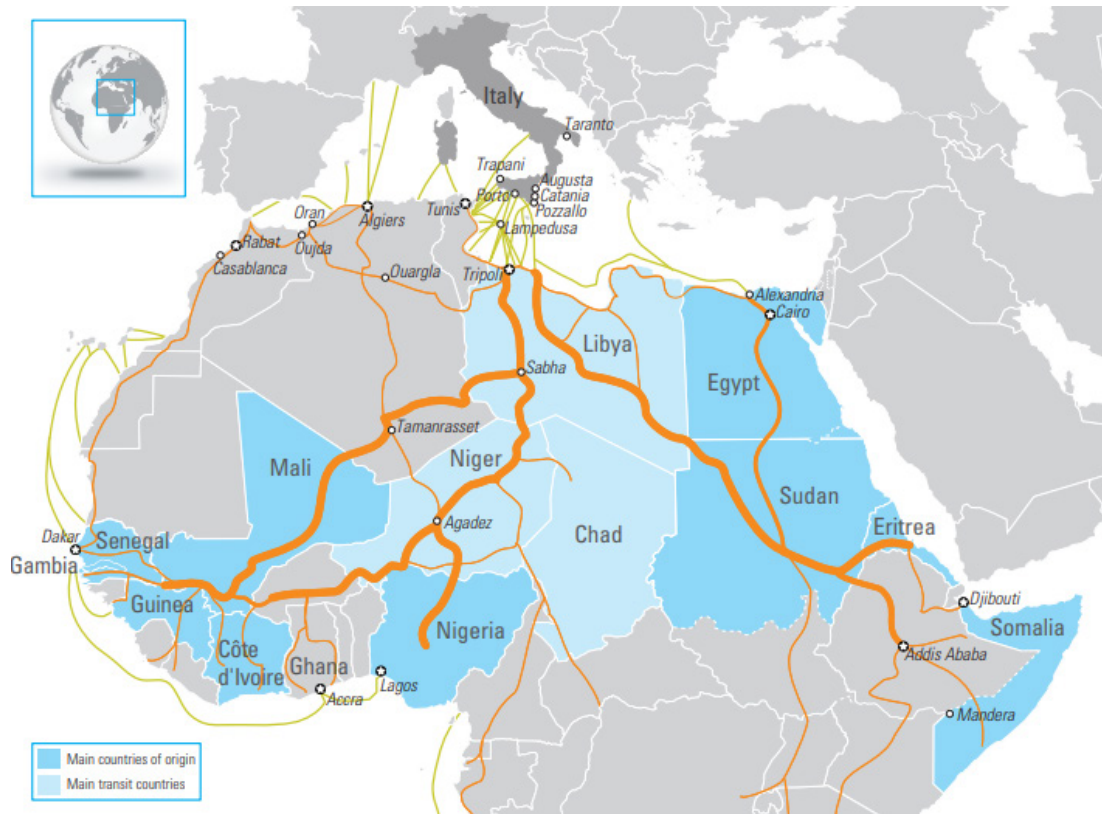
29 Sabine Jansen and Thomas Spijkerboer, *Fleeing Homophobia: Asylum Claims Related to Sexual Orientation and Gender Identity in Europe* (COC Netherlands and VU University Amsterdam, 2011), p. 16.

30 MEDU, *Fuggire O Morire: Rotte Migratorie Dai Paesi Sub-sahariani Verso l'Europa* (July 2015).



norms. Some service providers who were interviewed struggled with how to respond to these cases, with one saying, “They don’t see that it is abuse and I don’t want to make them feel this if they don’t perceive it like this. We need a professional to help with this issue.” This underscores the need for targeted capacity development among service providers on caring for survivors of sexual violence and abuse, including those with diverse SOGIESC.

Map 2. The Central Mediterranean Migration Route



Source: UNICEF, *A Deadly Journey for Children: The Central Mediterranean Migration Route* (February 2017).

Sexual Violence during Transit: Before Libya

“Boys face sexual violence all along their journey. From Eritrea, from the Sahel, the borders are dangerous, so is the desert. There is kidnapping by armed gangs and groups, including ISIS. The boys are tortured and raped for extortion from families. This is the first time many of the boys experience sexual abuse. Then in Libya they are again at risk of being raped in detention centers. Then again in Italy, where some are sexually exploited.” –Child protection officer.

For refugees and migrants traveling the central Mediterranean route, the journey to Italy is long and treacherous. (See Box 1). The average travel time ranges from eight months for men from Afghanistan to 2.6 years for those from Eritrea.³¹ For unaccompanied boys, the average time between leaving home and reaching Italy is one year and two months.³² Smugglers facilitate

31 IOM, *Study on Migrants' Profiles*.

32 UNICEF & REACH, *Children on the Move*.

segments of their journey, a longstanding practice reaping millions of dollars per year,³³ by stacking refugees and migrants into covered trucks with no ventilation, smothering heat, and often little access to water or food. When passengers fall off during the bumpy journey, the trucks rarely stop, leaving many to die in the desert. Along the way, refugees and migrants are kidnapped by or sold to militias, traffickers, and other armed groups, who see them as commodities to exploit and who operate with impunity.³⁴ Transnational criminal networks, including terrorist groups with links to the Islamic State and al-Qaeda, rely heavily on migrant smuggling, trafficking, and torture-based extortion to fund weapons and support their activities.³⁵ Other groups may force them into exploitative labor, sell them into slavery, or traffic them to other countries. Many perish in the Sahara. Although deaths during Mediterranean crossings receive more media coverage, refugees and migrants told WRC that more died in the desert than in the Mediterranean. IOM estimates that for every refugee/migrant drowned in the sea, two perish during the desert crossing.³⁶

Studies on refugees and migrants entering Europe reveal high exposure to sexual violence en route for both women and men.³⁷ Unaccompanied children are at heightened risk for sexual violence and exploitation, with boys reportedly exposed to similar risks as girls.³⁸ UNHCR, OHCHR, and Amnesty International, among others, have reported that refugee and migrant men and boys traveling to Italy have suffered sexual violence.³⁹ According to testimony by a Save the Children representative in 2016, 50 percent of the unaccompanied children treated by the organization’s doctors in Italy presented with a sexually transmitted infection (STI), which the medical personnel attributed to sexual exploitation during transit.⁴⁰

During the course of this research, almost all refugees, migrants, and key informants emphasized that sexual violence against male and female migrants along the entire central Mediterranean route was exceptionally high. A UN officer guesstimated that 90 percent of male refugees and migrants being hosted in the Italian reception system experienced sexual violence during their journey. A local government official confirmed that, among refugee and migrant boys, “although there are no

33 The Global Initiative Against Transnational Organized Crime, *Libya: A Growing Hub for Criminal Economies and Terrorist Financing in the Trans-Sahara* (May 2015).

34 A study found that, of 11,150 refugees traveling through the Horn of Africa to north Africa and Europe, 15% had been kidnapped and held for ransom. Rebecca Ratcliffe, “Refugees at High Risk of Kidnapping in Horn of Africa, Research Reveals,” *The Guardian*, January 9, 2019, <https://www.theguardian.com/global-development/2019/jan/09/refugees-at-high-risk-of-kidnapping-in-horn-of-africa-research-reveals>.

35 The Global Initiative Against Transnational Organized Crime, *Libya: A Growing Hub*. United Nations Security Council Counter-Terrorism Committee Executive Directorate, *Identifying and Exploring the Nexus Between Human Trafficking, Terrorism, and Terrorist Financing* (2019).

36 Tom Miles and Stephanie Nebehay, “Migrant Deaths in the Sahara Likely Twice Mediterranean Toll: UN,” *Reuters*, October 12, 2017, <https://www.reuters.com/article/us-europe-migrants-sahara/migrant-deaths-in-the-sahara-likely-twice-mediterranean-toll-u-n-idUSKBN1CH21Y>.

37 Lotte De Schrijver et al., “Prevalence of Sexual Violence in Migrants, Applicants for International Protection and Refugees: A Critical Interpretive Synthesis of the Evidence,” *International Journal of Environmental Research and Public Health* 15:9 (2018), and Anonymous, unpublished report (2018).

38 Amanda Mason-Jones and Phoebe Nicholson, “Structural Violence and Marginalisation. The Sexual and Reproductive Health Experiences of Separated Young People on the Move. A Rapid Review with Relevance to the European Humanitarian Crisis,” *Public Health* 158 (2018) p. 156-162.

39 Amnesty International, “Refugees and Migrants Fleeing Sexual Violence, Abuse and Exploitation in Libya,” July 1, 2016, <https://www.amnesty.org/en/latest/news/2016/07/refugees-and-migrants-fleeing-sexual-violence-abuse-and-exploitation-in-libya>; UNHCR, *Desperate Journeys: Refugees and Migrants Entering and Crossing Europe Via the Mediterranean and Western Balkan Routes—January to June 2017* (August 2017), p. 13; UNHCR and CeSPI, *Eritrean, Guinean, and Sudanese Refugees and Migrants in Italy* (January 2019), p. 53, 54, 60, 61; United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Detained and Dehumanised*, p. 21; Xchange, “Life is a Fight That Should Be Fought”: *Life in Transit: Voices of Returning Migrants, Niger Report Part Two* (2019), <http://xchange.org/reports/NigerReport2019PartTwo.html>.

40 House of Lords, *Unrevised Transcript of Evidence Taken Before the EU Sub-Committee on Home Affairs Inquiry on Unaccompanied Minors in the EU, Evidence Session No. 2, Heard in Public, Questions 18-46* (March 23, 2016).



real numbers, we know that a huge number of the minors have experienced sexual violence on the journey [to Italy].” The extent of sexual victimization appears in part to be contingent on refugees’ and migrants’ financial resources, their connections, and the year that they traveled, with those traveling in recent years seemingly more likely to have experienced sexual violence.

While traveling through Algeria, Burkina Faso, Chad, Egypt, Mauritania, Niger, Nigeria, and Sudan—among other countries—men, women, girls, and boys are reportedly subjected to sexual violence. A child protection officer noted that in Algeria and Mauritania in particular, sexual abuse and exploitation is a “daily experience” for many refugee and migrant boys, often in the context of slavery or forced labor. An international NGO has also documented extensive sexual violence against female and male migrants along the central Mediterranean route prior to entering Libya,⁴¹ and Human Rights Watch has revealed widespread torture, including sexual violence, against female and male refugees and migrants fleeing Eritrea through Sudan and Egypt.⁴²

Borders and checkpoints were noted as particularly dangerous, including Libya’s borders with Algeria, Chad, Niger, and Sudan, as well as between Sudan and Chad, Sudan and Egypt, and Niger and Nigeria. Refugees and migrants are required to pay official and unofficial armed guards and groups to continue their journey, and often face physical and sexual violence if they are unable to do so. A mental health provider described the ordeal of one patient:

“There was a man who left Senegal because he’s gay. On the way here [to Italy], at a checkpoint in Burkina Faso, they raped him. They asked him for money to pass through the checkpoint, but he didn’t want to give it to them, so they raped him in order to get the money.”

Some refugees and migrants are targeted for sexual violence regardless of their ability to pay. A health care provider shared the experience of “Paul,” a 32-year-old man from Cote D’Ivoire who was traveling with his wife and a male friend when they were stopped at the border between Algeria and Libya:

“Armed uniformed men took his friend away. When his friend came back, he said, ‘Tears were leaking on his face. They have been violent in his anus but not with a stick, with a real penis.’ He didn’t tell his wife about it as he was afraid she would think that it happened to him also. He said that he cries every time he thinks about it now.”

Still others are kidnapped and imprisoned for extortion or forced labor, among other reasons, and suffer sexual violence and other abuses. A mental health provider shared an example:

“We have one man from Nigeria. He crossed the border from Nigeria to Niger and was kidnapped by Niger rebels and they took him to a sort of prison where the rebels raped the male prisoners almost every day.”

Key informants, refugees, and migrants frequently repeated that “it’s not just Libya” where sexual violence is perpetrated, but throughout the journey to Italy. A health provider reported, “All along the journey they experienced sexual violence. The whole journey is traumatic. Libya is just [the] icing on the cake.”

41 Anonymous, unpublished report (2018).

42 Human Rights Watch, “*I Wanted to Lie Down and Die: Trafficking and Torture of Eritreans in Sudan and Egypt*,” February 11, 2014, <https://www.hrw.org/report/2014/02/11/i-wanted-lie-down-and-die/trafficking-and-torture-eritreans-sudan-and-egypt>.



Box 1. Violence and Abuse En Route to Italy

- Of 921 refugees and migrants interviewed by UNHCR in Italy in 2017:
 - » **44 percent** spontaneously disclosed witnessing deaths along their journey to Europe—totaling around 2,600 fatalities;
 - » **75 percent** reported experiencing some form of abuse on the route, of which **92 percent** involved violence, torture or physical abuse;
 - » **88 percent** reported some form of ill-treatment in Libya.
- Of 231 refugees and migrants who transited through Libya to Tunisia in 2018, **83 percent** disclosed experiencing violence or abuse (such as torture and sexual violence) in Libya.
- Of 4,712 refugees and migrants (92% male) surveyed in 2017 who had traveled the central Mediterranean route, **30 percent** reported they had observed someone travelling with them having been threatened with sexual violence during the journey, **79 percent** reported experiencing physical violence, and **63 percent** reported being held against their will, overwhelmingly in Libya.
- Of 287 refugees and migrants (97% male) interviewed by MSF in Ventimiglia, Italy, in 2017, **44.2 percent** disclosed experiencing at least one violent event on the journey before arriving in Italy, primarily in Libya.
- Of 158 refugees and migrants (80.4% male) interviewed by Oxfam partners in Sicily from 2016 to 2017, **84 percent** said they had suffered inhuman or degrading treatment, extreme violence, or torture in Libya.
- Of 400 refugees and migrants interviewed in Sicily in 2016, **more than 50 percent** had been arrested and/or detained and **52 percent** reported mistreatment during their journey along the central Mediterranean route, particularly in Libya.
- Of 387 refugees and migrants (91.5% male) interviewed by MSF at a reception center in Sicily from 2015-2016, **4 percent** reported sexual violence during their journey to Italy. Others reported experiences of high risk of sexual violence including detention (**35%**), torture (**9%**), and forced labor (**5%**).
- Of 385 refugees and migrants (91% male) assessed by MSF in Sicily from 2014-2015, **2 percent** disclosed suffering rape; **24 percent** reported being detained and **11 percent** reported being tortured during their journey.

Sources: [UNHCR 2019](#), [UNHCR 2018](#), [IOM 2017](#), [MSF 2018](#), [Oxfam 2017](#), [EVI-MED 2017](#), [MSF 2018](#), [Crepet et al. 2017](#)



Box 2. "Ibrahim's" Story*

"I'm from West Africa. Life there was not easy. My oldest brother made it to Europe in 2011, so my younger brother and I thought we should try to go. It took one year to get to Italy. The journey from Agadez [in Niger] to Libya was very hard, and so was the border of Niger and Libya. So many people died in the desert, like it was a river.

"We were a group of boys and girls traveling together. We spent 40 days in the desert. We saw a lot of abandoned cars with dead people inside. If you try to go alone, you die. There was so much hunger and suffering. You meet a lot of people who are about to die. The girls are stronger than the guys—they have to be, in order to make it through. We were lost for days in the desert. We were tired and hungry, and we ended up fighting. It makes you hate yourself. By the time we got to Libya, many of us had been kidnapped. A few of us were lucky because we had a good driver [smuggler]. You don't know if they are good or wicked, but he told us everything beforehand about what to expect on the journey and he was honest.

"I was stuck for seven months in Libya. It was very bad. We saw our friend being violated. It was a bad, bad experience. We saw and heard a lot of terrible things—we saw torture and killings. The rebels kidnapped us because they want to make money off Africans [through extortion]. They tortured me a lot. I hid my money in a very far place [in anus]. I had too much torture so I couldn't remove the money and I didn't want to give all of it. They removed all my clothes and put cold water all over me. Then they tortured me. I am tall so if they beat me, the tall one, then it shows the others that they can beat the biggest one. So, they beat me a lot in front of the others.

"They put us in a truck, 30 people [stacked] together, and covered it up to hide us. We couldn't breathe. Everyone was smelling so bad, I can't even say how bad it was. The driver beat me because I am too tall, and my butt was sticking out of the truck. I ended up in Tripoli working with another boy, doing massage. One day the Asma Boys [local gangs] caught us. They took us to a house, and they beat the other boy more than me. You can't imagine what they do to him, what they do to another person. My friend is very handsome. The women look at him. They [the gang] operated on him [on his genitals] so he can't fuck any more. I saw the blood on his pants, it was everywhere. It's a very bad story. His pain is forever. We are all Muslim. Why do they do this? Later, I was working in a supermarket and I was kidnapped again.

"I finally made it to Italy. My younger brother did not make it, but I can't talk about this. I was in a bad camp [in southern Italy]. We worked like slaves—still we are slaves. It's like another world. I didn't understand that this is Italy. Now I have my documents, but I can't rent a house. An Italian friend will set up a meeting with a landlord, but then I show up and they don't want to rent to me. They don't rent to Africans, so I can't get a place to live. People are always thinking something bad about me. In the metro, I don't move, I don't touch anyone. Everyone thinks we are criminals. The police attack us in the camps. In one camp, the police arrived and started beating people—there were more than 100 people living there. It was very wrong. They pushed one boy out of the second floor, and he was very hurt. [He showed a video on his phone of the boy writhing in pain on the ground.] They were beating pregnant women, babies, so I tried to talk to the police to tell them, please don't beat the women and bambinos. But they beat me, too, so now I have some health problems.

"My story is very painful. I seem to be OK. People think I am funny and happy, but I must smoke [marijuana] to sleep. I can't sleep, I can't be alone, I can't stop thinking about things, especially my future in Italy."

**Edited for length, coherence, and confidentiality purposes.*

Box 3. Context: Libya

The fall of Muammar Gaddafi's government in 2011 sparked a brutal, short-lived civil war in Libya. Since 2014, armed conflict between rival military and political factions, militias, and armed groups and gangs has renewed and intensified. Without a clear government in place, the rule of law and respect for human rights have deteriorated significantly. Violence and hostilities have destroyed basic infrastructure, obstructed access to essential services, and displaced hundreds of thousands of Libyans. Traffickers, smugglers, criminals, gangs, and terrorist groups have stepped in to fill the void, operating with impunity. An estimated 1.1 million people in Libya are in need of protection and basic humanitarian assistance, including 378,000 children. Yet only 25.4 percent of the 2018 Humanitarian Response Plan for Libya was funded, the second-lowest of all Humanitarian Response Plans that year.

Libya has been the main transit point for refugees and migrants traveling from North Africa to Europe for decades. As of November 2018, at least 670,000 refugees and migrants from more than 40 countries were recorded to be living in Libya, though this may be an underestimate. Ten percent are minors; among adults, 88 percent are men. While traveling through Libya, refugees and migrants become trapped in vicious cycles of abduction, exploitation, extortion, and sometimes slavery. Transnational criminal networks, local militias, gangs, and terrorist groups extort, exploit, and sell refugees and migrants, with smuggling alone reportedly generating US\$255 to \$323 million per year ([The Global Initiative, 2015](#)). Thousands of refugees and migrants are held in nightmarish official and makeshift detention centers across Libya, where torture, sexual violence, forced labor, trafficking for purposes of sexual exploitation, and other harms are systemic. Legal recourse and other forms of redress are effectively nonexistent. Although this violence appears to have intensified in recent years, exploitation and abuse of refugees and migrants in Libya has been longstanding.

Key informants working in Libya reported that the context is becoming ever more complicated. According to them, refugee and migrant detainees are increasingly disappearing or being moved without a trace, and new actors are becoming involved in extortion and trafficking. The European Commission's financial and technical support to the Libyan Coast Guard, among other measures, has resulted in a decline in sea migrants, which has reportedly sparked an increase in torture-related extortion, including sexual torture, to make up for lost income. In one focus group, refugees said that traffickers and smugglers are impersonating UNHCR staff, which UNHCR has previously acknowledged ([UNHCR 2018](#)).

The Libyan context is complex. For further information, see: The Global Initiative Against Transnational Organized Crime, *Responding to the Human Trafficking-Migrant Smuggling Nexus with a Focus on the Situation in Libya—Policy Note* (July 2018) and Institute for Security Studies, The Global Initiative, *The Anti-Human Smuggling Business and Libya's Political End Game* (December 2017).



Sexual Violence in Libya

"All of us have encountered different things. There are so many stories, you might not even believe them. [Sexual violence against men and boys] is bound to happen and it has happened. The imprisonment, the lack of food, the lack of water, the beatings, the demands for money—it all is there. We would be here all day telling you the stories. ... Anything that you hear is true. The most dangerous things are for you there [in Libya]. Everything bad happens." –"Solomon," from The Gambia, adolescent boys focus group.

During the 2011 Libya civil war, multiple parties to conflict perpetrated sexual violence, including sexual torture against both women and men.⁴³ Since the renewal of armed hostilities in 2014, reports of sexual violence have re-emerged, including widespread sexual torture of men in official and makeshift detention centers.⁴⁴ OHCHR, IOM, Human Rights Watch, and Oxfam, among others, have documented reports of sexual violence against refugee and migrant men and women in Libya.⁴⁵ UNOCHA reports that almost 40 percent of refugees and migrants interviewed in 2017 disclosed sexual violence in Libya, although the authors note that this is likely under-reported.⁴⁶ IOM found that, of almost 1,800 interviews with Nigerian refugees and migrants traveling along the central Mediterranean route, 44 percent of men and boys reported observing someone (men and women) traveling with them having been threatened with sexual violence during the journey, overwhelmingly in Libya.⁴⁷ UNHCR and CeSPI discovered that, of 921 refugees and migrants interviewed in Italy, 1% of the male respondents (and 6% of the female respondents) who had traveled the central Mediterranean route reported suffering sexual abuse or exploitation along their journey, predominately in Libya; the authors note that, given the sensitivities around disclosing sexual violence, figures are likely much higher.⁴⁸ The NGO We are Not Weapons of War estimates that seven out of ten refugees and migrants transiting through Libya suffer sexual violence.⁴⁹

For this study, refugees and migrants who were open to discussing Libya remarked that sexual violence against refugee and migrant men and boys "happened to everyone," "is normal in Libya," "happened to all people inside Libya," "happened to many, many of my friends," and that "they are doing this every day." A number of refugees refused to speak about Libya; a common response was that talking about it was "too much." Only two refugees, from The Gambia and Egypt, explicitly reported that they had *not* been exposed to sexual violence due to their ability to pay large sums in exchange for relatively safe passage; a third man, from Ghana, arrived in Italy seven years prior, before the 2011 civil war, and reported that he had not been victimized. The remaining refugees and migrants either refused to speak about Libya or disclosed first- or second-hand reports of sexual victimization.⁵⁰

43 United Nations General Assembly and Security Council, *Conflict-related Sexual Violence: Report of the Secretary-General, A/66/657*–S/2012/33** (January 13, 2012), paras. 35–38, and Hilmi M. Zawati, "The Challenge of Prosecuting Conflict-Related Gender-Based Crimes under Libyan Transitional Justice," *Journal of International Law and International Relations* 10 (2014), pp. 44–91.

44 Cécile Allegra, "Revealed: Male Rape Used Systematically in Libya as Instrument of War," *The Guardian*, November 3, 2017, <https://www.theguardian.com/world/2017/nov/03/revealed-male-used-systematically-in-libya-as-instrument-of-war>, and *Libye, anatomie d'un crime*, Documentary film by Cécile Allegra (2018).

45 Human Rights Watch, "EU/NATO: Europe's Plan Endangers Foreigners in Libya," July 6, 2016, <https://www.hrw.org/news/2016/07/06/eu/nato-europes-plan-endangers-foreigners-libya>; IOM, *Flow Monitoring Surveys: Nigeria*; Oxfam, *Media Briefing: "You Aren't Human Anymore"* (August 9, 2017), p. 4; United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Detained and Dehumanised*; and United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Desperate and Dangerous*.

46 Sample size unknown. UNOCHA, 2018 *Humanitarian Needs Overview Summary: Libya* (December 2017), p. 6.

47 IOM, *Flow Monitoring Surveys: Nigeria*.

48 UNHCR and CeSPI, *Eritrean, Guinean, and Sudanese Refugees and Migrants in Italy*, p. 64.

49 Personal Communication, Céline Bardet, February 2019.

50 First-hand reports refer to direct experiences of sexual violence as well as observed perpetration of sexual violence. Second-hand reports refer to disclosures of sexual violence previously shared by a survivor of sexual violence with the



The majority of key informants echoed the comments of refugees and migrants, maintaining that high levels of sexual violence are being perpetrated against male refugees and migrants in Libya. They reported that sexual violence against men and boys is “so high, so widespread, so systematic,” “very common,” “a massive issue,” “up there with the levels of sexual violence against women and girls,” while noting that “almost no one escaped this.” A mental health provider working with refugees and migrants said that “most of the men have been raped in the prison in Libya,” while a protection officer commented that “it is so widespread. Everyone knows when a man says, ‘I’ve gone through Libya,’ it is a euphemism for rape.” A lawyer working with refugees and migrants speculated that “100 percent of women migrants [traveling the central Mediterranean route] experience sexual violence ... [while] 98 percent of men and boys coming from Sahel and through Libya are exposed to sexual violence.” Some key informants were more conservative in their assessment; they recognized that sexual violence is being perpetrated against refugee and migrant men and boys, but did not speak to the possible scope.

Although the exact magnitude of sexual violence is unclear, the proportion of refugees and migrants exposed to torture and imprisonment may provide insights into possible prevalence. Mental health providers caring for refugee and migrant victims of torture in Italy reported that, in their experience, almost all torture includes sexual elements. Research from other settings shows that male detainees in conflict-affected and fragile contexts are at high risk of sexual violence.⁵¹ Recent studies reveal high levels of exposure of refugees and migrants to torture and detention along the central Mediterranean route. (See Boxes 1 and 5.) Contextualizing these figures with the qualitative findings from this WRC study points to a high risk of sexual violence for men, women, boys, and girls.

Forms and Severity of Sexual Violence

The forms of sexual violence in Libya reported by research participants encompass penile- and object-anal rape; forced rape of others, including corpses; penile-oral rape; forced oral rape of others; genital violence and torture, including burning, mutilation, and electroshock of the genitals; castration and penis amputation; forced incest; forced witnessing of sexual violence; forced nudity; sexual slavery; and sexual humiliation. Lethal sexual violence of men and women was also reported.

Much of the sexual violence described by research participants contained elements of profound psychological torture and cruelty. Key informants used language such as “annihilation” and “subjugation” to describe the intensity of male-directed sexual violence. As an example, a health worker described the ordeal of one of her patients, a 24-year-old man from Sierra Leone:

“He was in Beni Walid in one of the unofficial places of captivity. He described the sexual violence—he had never seen or heard of anything like it in his life. Guards had so many people in the holding place, and they had a lot of people who weren’t worth anything anymore. They couldn’t extort them anymore, so they would initiate a ‘cleaning out,’ saying ‘it’s time to clean the prison and have a bath.’ They would line up all the men and the women naked—everyone had to strip—and the men and women were in different lines. The women had to masturbate the men. They were forced to do everything to make the man erect. If the man became erect, the guards would cut their penis off. If there was no erection, they would rape the woman with a stick. He said that no woman survived that—they’d rape her until she bled to death. They would do this on a semi-regular basis to reduce numbers. He told me he had never masturbated before. He started to masturbate in order to prepare for ‘bath time,’ so

research participant.

51 Amrita Kapur and Kelli Muddell, *When No One Calls It Rape: Addressing Sexual Violence Against Men and Boys in Transitional Contexts* (International Center for Transitional Justice, December 2016).



he wouldn't get an erection during this practice. He was caught masturbating and the guards beat him to a pulp and left him for dead because they knew what he was doing, that he was preparing himself. They beat him in his genitals with a rubber pipe. He bled from his penis and thought he would be impotent—he still has damage to his genitals. Other men [prisoners] would have sex with each other in order to avoid an erection during 'bath time.' I remember him talking about seeing the mutilated penises jumping on the floor afterwards—they were still activated. He said the guards were laughing while this happened, that it was like watching movie for them—they would sit back and enjoy this. This practice was ongoing; it wasn't a once off. They did it regularly for entertainment. Three of his own friends who he was traveling with died in front of him in that process. He said that 'they died in front of me bleeding. I saw many people die after cutting their privates off.' The survivors were then forced to carry the corpses to the desert to get rid of the bodies. He felt that the people who died the most were the Muslims. He thought he would end his own life there. I remember him saying, 'You always feel that you are next.'"

Refugees and migrants emphasized their inability to articulate or express the experiences that they had suffered or witnessed in Libya. An adolescent boy from The Gambia said, "I saw things that they didn't even know that were possible to explain. I felt very sick, it's against any kind of law." Another young man from Guinea-Conakry said, "It is indescribable. Indescribable. There are no words to describe this [what happened in Libya]."

Sites of Violence: Official and Unofficial Detention Centers

The US State Department and OHCHR, among others, report that sexual violence, rape, and ill treatment of refugees and migrants are perpetrated in official and unofficial detention centers in Libya.⁵² Detention centers refer to "official" centers under the Libyan government's Ministry of the Interior's Department for Combating Illegal Immigration (DCIM) (see Map 3), as well as informal clandestine prisons where abducted refugees and migrants are held by militias, criminal gangs, and smugglers for extortion, forced labor, or to be sold into slavery or to traffickers. DCIM centers have been in place since the early 2000s to deter migration. Under Libyan law, any foreigner without official documentation—including irregular migrants, economic migrants, asylum seekers, and refugees—is considered an "illegal migrant" and subject to arrest and detention in a DCIM center.

The head of an Italian human rights organization reported that more than 90 percent of the refugees and migrants served by their mobile clinic in recent years were victims of extreme violence, torture, or rape, particularly in places of detention and kidnapping in Libya.⁵³ An internal report from the German Federal Foreign Office described the "concentration camp-like conditions" of private prisons where refugees and migrants are held.⁵⁴ Although violence, including sexual violence, against refugees and migrants appears widespread, it is not new: a 2011 study by MSF found that "most"

52 Izza Leghtas, "Hell on Earth": *Abuses Against Refugees and Migrants Trying to Reach Europe from Libya* (Refugees International, June 2017); United Nations General Assembly and Security Council, *Report of the Secretary-General on Conflict-related Sexual Violence*, S/2018/250 (March 23, 2018), para. 47; United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Detained and Dehumanised*; United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Desperate and Dangerous*; US Department of State, *2018 Trafficking in Persons Report—Libya* (June 28, 2018).

53 Sample size unknown. Ilaria Sesana, "Inferno Lbia," *Osservatorio Diritti*, May 16, 2017, <https://www.osservatoriodiritti.it/2017/05/16/inferno-libia-storie-migranti>.

54 Arne Semsrott, "Exklusiv: Interner Diplomatenbericht zu 'KZ-ähnlichen' Verhältnissen in libyschen Flüchtlingslagern," *FragDenStaat*, May 7, 2018, <https://fragdenstaat.de/blog/2018/exclusive-internal-diplomatic-report-concentration-camp-conditions-libyan-refugee-camps>.

of the men interviewed in Choucha refugee camp in Tunisia had suffered sexual violence during detention in Libya, including electroshock, genital torture, rape, beatings, forced nudity, and forced masturbation.⁵⁵

During this research, refugees, migrants, and key informants reported that official and unofficial detention centers are key sites of sexual violence, including sexual torture. They reported that, on arrival in a detention center, clandestine prison, or holding camp, refugees and migrants are often immediately raped by guards who conduct violent anal cavity searches, which serves the dual purpose of retrieving money, as well as humiliation and subjugation. A health provider shared the experience of a 22-year-old Eritrean man:

“He said, ‘the journey in Libya was a nightmare. The sexual violence to the women and the men was the worst.’ This man was twice forced to undress and bend over for the guards to search in his anus for money. He described how violent and painful it was and that although he wasn’t raped with a penis, he feels that he was and now lived in a constant state of fear of being raped. He said that ‘it boils in my head and I cannot sleep at night.’”

For many refugees and migrants, rape in the form of anal cavity searches is just the beginning of their sexual victimization while imprisoned. Many are subjected to further sexual violence, often as part of the extortion process. Detainees are forced to call their families for ransom money, and guards exert pressure by inflicting torture, including sexual torture, while the detainees are on the phone or on Skype with family members.⁵⁶ Those whose families are unable to pay are sold—frequently to other groups engaged in extortion or into labor or sexual slavery—or killed. In one focus group, a young man described how, on his phone, he heard his brother being tortured by kidnappers who demanded money for his release; the brother was later shot (and presumably died) while on the phone with him because he was unable to pay the ransom money.

A common form of sexual violence, as reported by key informants, is forcing men to rape other men, including as punishment for the inability to pay ransom or for transgressions such as trying to escape. A health provider who had worked with refugees and migrants transiting through Libya described:

“We heard stories that men and boys are raped by their captors in detention or by other detainees. One guy told us that in the detention center if someone tried to escape, then all the other men in the room are forced to have sex with this person, otherwise they will kill him. We heard that many times. We heard that men are forced to have sex with other men, with other detainees, and [with] guards themselves.”

According to research participants, male detainees who refused to engage in rape and other forms of sexual violence against others are tortured or killed. This aligns with findings from other investigations.⁵⁷

55 Sample size unknown. MSF, *Torture, Exploitation, and Abuse of Migrants in North Africa* (May 2011) in Alison Mountz and Jenna M. Loyd, “Constructing the Mediterranean Region: Obscuring Violence in the Bordering of Europe’s Migration Crises,” *ACME: An International E-Journal for Critical Geographies* 13:2 (2013), pp. 173-195, p. 184.

56 Some refugees and migrants have turned to crowdsourcing ransom money through Facebook. cf. Sally Hayden, “The Families of Migrants Held Hostage Are Using Facebook to Raise Money for Smugglers’ Ransoms,” *Time*, February 5, 2019, <http://time.com/5510517/facebook-smuggling-libya-ransoms/>.

57 Cécile Allegra, “Revealed: Male Rape Used Systematically in Libya as Instrument of War,” and Euro-Mediterranean Human Rights Monitor, “Libya: Testimonies of Rape and Brutal Torture are Horrific,” Press Release, November 3, 2017, <https://euromedmonitor.org/en/article/2143/Libya:-Testimonies-of-rape-and-brutal-torture-are-horrific>.



Health and mental health providers who had treated male survivors frequently reported electroshock burns to the genitals; other genital violence included beating, burning, tying, and pulling of the penis and scrotum. Forced witnessing of sexual violence against men and women is also reportedly prevalent. (See “Intersections with Violence Against Women and Girls” section.) Experiencing multiple forms of sexual violence may be common, as reflected in an example from a mental health provider:

“This particular person was exposed to nakedness—forced nudity—and forced sex. He had to have sex with other men, with women. If he couldn’t, he was badly beaten and tortured in the genital area. He was insulted for his incapacity [to get an erection] and they put electricity, hot irons, and so on, on his genitals and pelvic area. Now he has impotency problems which comes from this kind of trauma. It was too much for him.”

Another key informant described how, according to a 20-year-old man from Guinea-Conakry, men in one center of captivity were subjected to both forced nudity and rape:

“He was captured in Beni Walid and forced into a container with many other people. He was forced to strip off his clothes. Everyone who stayed in the container was in their underwear. He described how they were beaten every day with planks of wood or iron and asked for money. At night, guards would take some of the men outside to rape them. He said the raping happened so regularly that it became normal and no man could refuse because the guards had guns and they would shoot and kill you. When the men came back crying, they would talk about what the guards did to them and how violent it was. He said that because it happened to everyone, the men were able to talk about it together.”

Key informants remarked on the brutality, cruelty, and intensity of the sexual violence while in confinement. For example, a mental health provider described how one young man was forced to rape his twin sister. A different mental health professional shared the story of a man who was kept in a cell with another man and two women; one of the women died and the guards forced him to have intercourse with her corpse. Others described additional gender-related abuses, such as denying men water and forcing them to drink the urine of female detainees.

Although many of the disturbing reports of sexual violence originated in clandestine prisons, research participants also described extreme torture and sexual violence in official DCIM centers, many of which are reportedly run by or linked to militias and other armed groups.⁵⁸ A health provider recounted the story of “Kehfun,” a 21-year-old man who had fled Cameroon because of armed conflict:

“All of his family had died in a bomb attack, including his wife, so he paid smugglers to go to Libya. The smuggler who brought him from Algeria sold him in Sabha to another group. They tortured him with electricity all over his body—head, legs, and genitals. He showed me his body, he had wounds all over him. They were extorting him for 800 euros. He contacted a friend to sell his motorcycle back home and got 400 euros from that, but he was still short. So, he was sold again. He was put in an official [DCIM] detention center, but kept in a secret cell where he was being extorted for 1,000 euros. He described how they kept people in this cell, which was away from the main prison where the majority of refugees and migrants were held. There was open rape—rape in front of everyone else, against men and women. Men and women died by rape. He could hear women screaming and crying as they were being raped. There were two gates on the cell. When one gate opened, it meant they were going to rape the women. When the other gate opened, it meant they were going to rape the men. Guards had friends who came and took pleasure in raping men. These people didn’t

58 US Department of State, *2018 Trafficking in Persons Report—Libya* (June 28, 2018).



work there—he thought they were friends of the guards or could have paid guards to rape the men. They would come to the gate specific for raping men. Every time this gate opened, they knew some man would be raped. It was part of the torture. Every time the gate started to open, they would be terrified and terrorized. He said you have to watch what other people are suffering and know that you will also have to pay, that you will also have to go through this."

Sexual violence against detainees is frequently perpetrated in front of others or video recorded on mobile phones, compounding the humiliation and reinforcing the experience of subjugation. Perpetrators send (or threaten to send) the video footage to detainees' family members for extortion purposes, as reflected in the comments of a health provider who had treated hundreds of refugees and migrants traveling the central Mediterranean route: "Violence to the [male] genitals is common in Libya. They film the genital torture and they Skype with the family to extort money."

Key informants shared accounts of refugees and migrants suffering sexual violence and torture after being intercepted by the Libyan Coast Guard and forcibly returned to official government detention centers. (See Box 4.) A health provider described the ordeal of "Samuel," a 19-year-old man from Sierra Leone:

"This man crossed the sea and reached Italy on his second attempt to reach Europe. In Libya he was held in an unofficial place of captivity and extorted for release. He attempted to cross the sea and was intercepted by the Libyan Coast Guard. He was returned to Libya and detained in a DCIM center—Zawiyah, which is notorious for collusion between the Libyan Coast Guard and smugglers. He saw the UN in this prison, but he was not allowed to speak with them. He said that 'all prisons in Libya are the same whether UN is working there or not, they just sell you to the next prison. ... Plenty of times they sexually harassed people in this prison, also men. By force, with weapons. You are transformed into something different, no longer a man. I preferred they kill me. They made me a disgrace to my family, my country, and myself.'"

"Sita," a 20-year-old woman from Cote D'Ivoire, described to a key informant how refugees and migrants, both men and women, were subjected to sexual violence post-forcible return by the Libyan Coast Guard:

"After being raped by military police in front of her husband in the desert, the woman attempted to cross the sea and was intercepted by the Libyan Coast Guard. She was taken to the shore, to a DCIM center, with all the other people from the rubber boat. An NGO came to give them blankets. After the NGO left, she said that Libyan men came to buy girls for the connection house [brothel] and that some men tried to escape. She said that these men were subjected to rape, she said that 'the men who tried to escape were sodomized.'"

A health provider shared a similar story of "Adaku," a 19-year-old Nigerian woman:

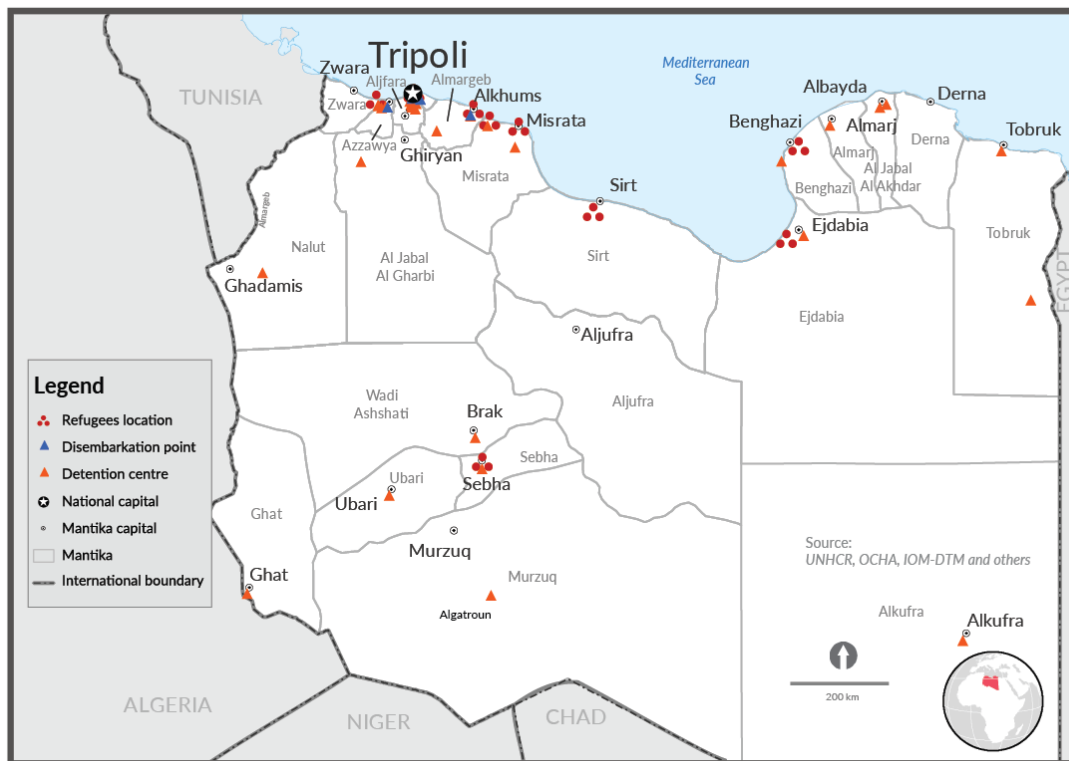
"This girl was working as a housekeeper in Libya. She was being raped on an almost daily basis by the head of the household. She escaped from the house and contacted a smuggler to escape the situation by sea. She tried to cross the sea twice and was intercepted by the Libyan Coast Guard both times. She was taken to Zawiyah [a DCIM center] where she saw UN logos each time. She said that 'the men were tortured and beaten regularly, and they were raped, too. The women were raped continuously. ... When we were being sent to the sea, they said that if we tell in Europe what is happening in Libya, our brothers and sisters in the prison will pay.'"



A key informant working on a search and rescue ship described how, on one boat, refugees had decided to kill themselves, including children, if they were caught and forcibly returned by the Libyan Coast Guard:

“When we [the search and rescue ship] found their rubber boat, they still had fuel in the engine, which is unusual. They were trying to get away and began to drive erratically in an attempt to capsize the rubber boat. They thought we were the Libyan Coast Guard and that we were going to force them back to Libya. [A young man] explained how they had talked about it on the boat and everyone agreed that it is worse to go back to Libya than to die at sea, and they collectively decided to crash into the sea and all kill themselves. Others corroborated this. There were several women and children on that boat. It took some tense moments for the people to realize we were not there to intercept them, but to rescue them and bring them to safety.”

Map 3. Map of Known Detention Centers and Refugee Locations in Libya, as of January 2019



Modified from: UNHCR, “UNHCR Update: Libya, 19-25 January 2019,” (2019).

Box 4. The Impact of European Anti-Migration Efforts

“What is Europe doing? What is the world doing? In Libya there are people dying and the situation is getting worse and worse than before. What are they waiting for?” –“Tesfay,” from Eritrea, young men’s focus group discussion.

“The EU is totally blind and unable to listen to the migrants and the refugees. There is no consultation and no voice from them.” –Protection officer.

For more than a decade, the European Union (EU) and its member states, particularly Italy, have enacted a variety of measures to stem the flow of migration from Libya. Since 2016, these efforts have intensified and expanded. Through Operation Sophia, the EU is providing millions of euros to support training, equipment, and technical assistance for the Libyan Coast Guard to intercept and forcibly return refugees and migrants crossing the Mediterranean. The EU has also committed significant financial support to Libya’s Ministry of the Interior to enhance the country’s detention infrastructure and support staff capacity building, despite known DCIM linkages with militias and smugglers. With other European states averse to sharing the responsibility of hosting refugees and migrants, some NGOs allege that Italy is engaging militias in anti-smuggling efforts in Libya, a dangerous practice that has long-term implications for peace and stability in the region. The Italian government has also passed measures forcing NGO search and rescue boats in the Mediterranean to cease operations.

The UN, Amnesty International, MSF, and others have strongly criticized these anti-migration efforts, citing violations of international and customary law prohibiting *refoulement*—that is, the forcible return or transfer of persons to another country or territory where he or she would be at risk of torture or other serious human rights violations. The UN’s special rapporteur on torture, Nils Melzer, raised the possibility of complicity in international crimes: “If European countries are paying Libya to deliberately prevent migrants from reaching the safety of European jurisdiction, we’re talking about complicity in crimes against humanity because these people are knowingly being sent back to camps governed by rape, torture and murder” ([The Guardian, 2018](#)). In 2012, the European Court of Human Rights ruled it unlawful, including as a violation of the prohibition of torture and other ill-treatment, for those states or organizations operating any vessel rescuing people at sea to return refugees and migrants to Libya.

The impact of these measures on refugees and migrants has been severe. From January 2017 to September 2018, the Libyan Coast Guard intercepted and forcibly returned more than 29,000 refugees and migrants along the Libyan coast—including outside its territorial waters—with many forced back into DCIM detention centers or disappearing. Journalists and NGOs report that the Libyan Coast Guard has beaten refugees and migrants during interception, refused to assist those who are drowning, and attacked and shot at NGO search and rescue boats. Intercepted migrants returned to detention centers have attempted death by suicide, including one Somali man who set himself on fire. With the restrictions on search and rescue boats, one in five migrants disappeared or perished attempting to cross the Mediterranean from Libya in September 2018, a record high.

“I have worked as a consultant for the EU and it makes me vomit to take money from them. ... We are part of the torturing of people—we are accomplices. When does the EU become an accomplice to war crimes against humanity when they are funding the people who are executing this?” –Legal officer.



Sites of Violence: Outside Detention Centers

In addition to detention centers, sexual violence is reportedly perpetrated against refugees and migrants in a variety of contexts in Libya, including in the desert and at check points by armed groups, in urban settings by gangs, in the context of forced labor, in so-called “connection houses” (holding or transit facilities that are frequently sites of sexual exploitation), and in private homes.

Research participants described how armed groups would stop refugees and migrants traveling through the desert and would rape the men and boys in addition to the women and girls. In a young men's focus group, “Sulaiman,” from Eritrea, recalled how traffickers employed sexual violence and torture at the moment of kidnapping to begin the subjugation process:

“I was traveling with 100 people and we were kidnapped by a trafficker who wanted to sell us again. In that moment, when the trafficker kidnapped us, they took two men. One was obliged to take off his trousers—they made him rape the other man. This man refused and did not want to do it, he said, ‘It's best to die and just kill me.’ So they heated a spoon with a fire and burned his tongue and his nipples because he would not do that. Nothing happened to the other man, they let him go, but they said to everyone that this is what happens to you if you don't respect what we want you to do.”

Key informants shared other accounts of armed groups perpetrating multiple forms of violence, including forced nudity and sexual humiliation, against refugees and migrants during desert stops, such as the following example told by “John,” a 26-year-old Liberian man, to a health provider:

“When he crossed the border into Libya, his group was stopped by armed guards. The women were dragged into the desert to be raped, and they put the men in an unfinished building. He said, ‘The men had to take off all the clothes and fight naked. We had to fight harder and harder and the guards beat us as well at the same time. They made us ... fight until the other almost dead.’”

Torture and sexual violence for extortion purposes is also perpetrated by individuals in private homes. A health provider recounted the story of “Ademola,” a 25-year-old man from Nigeria:

“I remember him talking about how so many people are dying every day in Libya and no one cares. He spent one year and four months in Libya. One day he got into taxi to go to Tripoli and the taxi driver kidnapped him and delivered him to a man. He locked him away in room and he didn't see the sun for six months. His captor kept asking him for money. But his family had been killed in a bomb blast in Nigeria. He had one sister, but no contact, there was literally no one to ask for money. He described how they beat him every day and fed him like a dog. They hung him—he said, ‘They hooked my neck. When they thought I was dead, they shocked me in my private parts.’ This happened every day—electroshock to genitals every day. In the dungeon, he thought he was dead. ‘You can't imagine what they do. If you don't run away, they will abuse you until you die.’”

“Nadim,” a young Moroccan man, suffered sexual violence and torture at the private home of a police officer, as told by a key informant:

“This young man and his friends entered Libya and once in Libya [they were] taken to the house of an official from the border police. It was a big house with guards carrying Kalashnikovs and security dogs. He was beaten every day and his family were extorted for 4,000 euros for his release, but he was not released. He was separated from his friends and the official from the border police tried to rape him many times. When the boy continued to fight and refuse, he was starved of food and water. Eventually he did not have the strength to fight and the policeman raped him many times until the day he was put on a boat.”

Research participants described sexual violence and exploitation in the context of slavery and forced labor. DCIM officials and smugglers warehousing refugees and migrants allow private employers and individuals to temporarily “rent” detainees—for a day or a few weeks—to force them to work in substandard conditions on farms, construction sites, and for casual labor.⁵⁹ Others are enslaved or work under exploitative conditions to raise money for travel. Refugees and key informants reported that sexual exploitation and sexual violence in these contexts was not uncommon. A health provider described the experience of “Jamal,” a 22-year-old man from Sudan:

“He was a slave on a farm in eastern Libya. He was Muslim and didn’t smoke or drink or have sex. He said he knew nothing about these things and was very religious. After some months in slavery, his captor brought sex workers to the farm. He was forced to get drunk and have sex with the girls in front of his captor and his captor’s brother. He was thoroughly traumatized by this. It was completely against his own belief system and morality. He was subjected to this repeatedly over a four-month period until he escaped. It had a profound psychological impact on him.”

Key informants reported that men are generally trafficked within Libya for labor, not for sexual purposes, although sexual violence and exploitation may be perpetrated within the context of labor trafficking.⁶⁰ A legal aid officer commented: “Men are sold in Libya—as plumbers, on farms, or they are sexually exploited. I don’t know if they are intentionally sold for sexual exploitation. It depends on the network of person [the trafficker]. ‘Who do I know? What do they need? Do I know someone who needs a plumber or sex?’”

In addition, refugees and migrants from sub-Saharan Africa frequently spoke of being subjected to violent, racially motivated attacks, which included incidences of sexual violence, by local gangs known as the “Asma Boys.” (See Box 2.)

Adolescent Boys

Other research and investigations have found that, in addition to adults, refugee and migrant boys in Libya are frequently kidnapped and detained by armed groups and held in open compounds or underground basements where they witness torture, killings, and sexual violence daily.⁶¹ (See Box 5.) Boys, who are frequently unaccompanied, are often detained with unknown adult males.⁶² Many reportedly experience torture,⁶³ including sexual violence.⁶⁴ Although the large majority of refugees and migrants being trafficked for sexual exploitation purposes appear to be women and girls, accounts of boys being sold for sexual exploitation in Libya have been reported.⁶⁵ In a 2017 IOM survey of 725 refugee and migrant children (96.2 percent boys) who had traveled the central Mediterranean route, 27 percent reported observing someone traveling with them being threatened

59 Tuesday Reitano et al., *Responding to the Human Trafficking-Migrant Smuggling Nexus with a Focus on the Situation in Libya—Policy Note* (The Global Initiative Against Transnational Organized Crime, July 2018), and US Department of State, *2018 Trafficking in Persons Report—Libya* (June 28, 2018).

60 Although key informants used the term “trafficking”, the line between trafficking and smuggling is murky, as the distinction lies in the actions and intent of the perpetrator. See: Tuesday Reitano et al., *Responding to the Human Trafficking-Migrant Smuggling Nexus*.

61 UNICEF & REACH, *Children on the Move*, p. 40.

62 Asmita Naik, “Detained Youth: The Fate of Young Migrants, Asylum-seekers and Refugees in Libya Today,” (Presentation), European Migration Network, (2015), https://www.emn.sk/phocadownload/emn_seminar_on_migration_2015/emn_2015_Asmita%20Naik_Detained%20Youth.pdf.

63 UNICEF & REACH, *Children on the Move*.

64 United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, “*Detained and Dehumanised*,” p. 21.

65 IOM, *Human Trafficking Through the Central Mediterranean Route: Data, Stories and Information Collected by the International Organization for Migration* (2017).



with sexual violence during the journey, including men and women.⁶⁶

For this research, key informants reported that adolescent boys were particularly at risk of sexual violence and abuse in Libya, with some health and mental health providers reporting higher sexual violence-related caseloads of adolescent boys and male youth compared to adult men aged 25 and older; however, this could also reflect the demographic make-up of the refugee and migrant population. A child protection officer providing services for hundreds of refugee and migrant youth commented: "For sure, all of those [adolescent boys] going through Libya experience sexual violence. All of them. Sexual violence or some kind of violence or torture." Although most accounts of sexual violence, as reported by research participants, involved adolescents, young boys are also exposed, including one possible case involving a six-year-old.⁶⁷

As they do with adults, perpetrators may videotape the torture or sexual abuse of adolescent boys for extortion purposes—that is, to send the footage to family members with specific monetary demands in exchange for release. A GBV officer reported that, in some detention centers, men are forced to rape the youngest boy in the center, which is filmed on mobile phones for extortion. "Ibou," who participated in an adolescent focus group discussion, said:

"In Libya, they want to even rape us and have sex with us [the boys]. They beat you, they use for work, they won't pay you, and sometimes they force you into robbing and selling drugs and doing criminal works. ... When they talk about hell, to me Libya is hell. ... They burn you on your private parts. If your family doesn't pay, they will torture you and videotape it."

Key informants reported several accounts of lethal sexual violence against boys. A health provider described the experiences of "Oluwale," a 34-year-old Nigerian man who witnessed the fatal rapes of two boys:

"He was held in captivity twice in Libya. In the first camp he witnessed sexual violence against girls, not boys. He was extorted for release, and immediately on release he was shot, kidnapped, and taken to second camp in the desert. He described how the guards would take men and young boys out of the containers that they were being held in to rape them. One time they took two young boys out to rape. He witnessed three guards raping the boys one after the other. One boy who was raped had died by the morning. ["Oluwale"] went to help him and found him dead. The other boy died after a few days."

Resisting or intervening in a sexual attack may be fatal. A key informant treated a boy whose best friend tried to defend him from being raped and was shot dead in front of him. Other reports have found that refugee and migrant boys and girls who resist rape are sometimes killed.⁶⁸

66 IOM, *Flow Monitoring Surveys: The Human Trafficking and Other Exploitative Practices Indication Survey. Migrants Interviewed Along the Central and the Eastern Mediterranean Routes Compared* (October 2017).

67 A key informant shared a case of possible sexual abuse: "There was one little boy—his mom told me that she thought something happened to him. They kept taking him away from the camp at night and returning him in the morning. He was six years old. When we met him, he wasn't speaking much, he was very withdrawn. He didn't disclose sexual violence, but he did disclose some violence while drawing. He drew round windows on a house. And I asked him, 'Oh, are these windows?' And he said, 'No, they're not windows, these are the hooks where people are hung.' The mom also said that the jailers made him beat up some men with sticks and shoot another man in the head. He was certainly tortured."

68 Anonymous, unpublished report (2018), and Jamie Dettmer, "'Too Many, Too Many': Migrants Raped, Shot in Libya, Says Nigerian Survivor," *Voice of America*, August 8, 2017, <https://www.voanews.com/a/migrant-girls-italy-rape/3976720.html>.

Research participants mentioned that sexual violence was perpetrated within the context of forced labor, including by private employers who temporarily forced detainees to work. In one focus group, “Joseph,” an adolescent boy from Senegal, shared: “Especially in Libya, we heard about this [sexual violence] every day, especially when the workers went off to work. The people [take them from the prison and force them to work] and the men come back from working and they talk about it. ... Every day there was someone who treated them to violence and sexual violence.”

Two adolescent boys—one from The Gambia and one from Guinea—discussed how boys looking for work may be sexually exploited, including by female perpetrators:

“The Libyan women, when their husband may be away, or no one will marry them, or they are widows—at the place where you go to find work, the Libyan women will come and take you to ‘work.’ You go and stay with the women, for about one week. They will force you to have sex with the women. They will call their friends [other women]. I know one boy, who was stuck in a woman’s room. She would call [her friends to have sex with the boy]. She might give you some money. The women are calmer than the men, it’s not so bad. ... The Libyan men are very dangerous too—they want to sleep with you. All of the Libyan men are doing these things.”

Some boys described suffering torture and other experiences that put them at high risk of sexual violence. During one focus group, a 17-year-old Somali boy, “Taifa,” spontaneously disclosed:

“I was in a closet and I never saw the light of the sun. The Arab people trapped me to give them money, and I had to get the money from my family. If I didn’t give the money, I can’t eat. They tortured me. ... After one month and my family paid 4,000 dollars, I changed into another camp. For nine months I had no light and was treated bad every day by the Arab people. I know what is violence.”

Few adolescent boys had considered the risks of sexual violence before their journey. Of 123 unaccompanied children (97 percent boys) in Sicily in 2017, only 1 percent had considered sexual abuse as a risk during migration.⁶⁹ In focus groups for this WRC study, refugees and migrants frequently reported that they had not known about the difficulties of the journey and that, in their home country, “no one believes” the stories. A Gambian boy said, “Do you think if we knew that this was the tax that we had to pay, we would have come? People think, ‘He has made it to Europe, he doesn’t want anyone else to come so he is lying to us.’ Even if people had told me [what the journey was like], I would not believe it unless I saw it with my own eyes.”



© Sarah Martin

Street art in Sicily—refugee/migrant exploited on tomato farms.

69 UNICEF & REACH, *Children on the Move*, p. 36.



Box 5. Violence and Abuse against Children En Route to Italy

- Of 725 refugee and migrant children (96.2 percent boys) between ages 14 and 17 surveyed by IOM in Italy in 2017, **88 percent** reported experiencing physical violence and **77 percent** reported being held against their will, overwhelmingly in Libya.
- Of 40 refugee and migrant children interviewed by UNICEF in Libya in 2016, **75 percent** reported suffering harassment, aggression, or violence by adults; **about half** reported abuse that took place at some point along the journey or at a border crossing.
- Of nearly 1,600 child refugees and migrants who came to Italy by the Central Mediterranean route in the latter half of 2016, **75 percent** reported experiences that suggest trafficking or exploitation.
- Of 720 unaccompanied and separated children (97 percent boys) interviewed throughout Italy from 2016-2017 about their experiences in Libya, **69 percent** reported being held against their will, **47 percent** reported being abducted and held for ransom, and **23 percent** reported being arbitrarily arrested and detained.
- According to IOM data from 2016-2017, boys and young men with no education traveling along the Central Mediterranean route are **28 percent** more likely to be exploited (not sexually) than those who completed secondary education or higher.

Sources: [IOM 2017](#), [UNICEF 2017](#), [UNICEF 2017](#), [REACH & UNICEF 2017](#), [UNICEF & IOM 2017](#)

Persons with Diverse SOGIESC

Same-sex relations are criminalized in Libya, and Human Rights Watch reports that militias arbitrarily arrest and detain men on the basis of “homosexuality.”⁷⁰ Some accounts of the mistreatment of gay African migrants were documented during and after the 2011 civil war.⁷¹ For this study, most of the gay refugees and migrants⁷² who participated in focus groups refused to discuss Libya, noting that it was “too much,” “we can’t talk about it,” and “I can’t think about Libya.” A program officer working with an organization supporting refugees and migrants with diverse SOGIESC reported that, of 180 male clients, 9.4 percent (17) had spontaneously disclosed suffering sexual violence in Libya, primarily in captivity or within the context of forced labor. One clinic, which has treated hundreds of male refugee and migrant sexual violence survivors, reported that their patients with diverse SOGIESC were more likely to have experienced genital violence, rather than penile-anal rape; this was not corroborated by other key informants who were unable to determine a correlation between forms of sexual violence experienced and SOGIESC status.

Research participants—both key informants working with refugees and migrants with diverse SOGIESC and gay refugees themselves—were divided regarding whether refugees and migrants were subjected to additional or intensified sexual abuse due to their real or perceived diverse SOGIESC. A common refrain was that “everyone was abused,” regardless of SOGIESC status. Research participants attributed this to the fact that many refugees and migrants kept their diverse

70 Human Rights Watch, *Audacity in Adversity: LGBT Activism in the Middle East and North Africa* (2018), p. 13, 19.

71 Paul Canning, “In Libya, Mistreatment of Black Migrants Includes Gays,” *LGBT Asylum News*, September 20, 2011, <http://madikazemi.blogspot.com/2011/09/in-libya-mistreatment-of-black-migrants.html>, and Jo Lateu, “I Made the Decision to be Free or Die,” *New Internationalist*, June 20, 2014, <https://newint.org/features/web-exclusive/2014/06/20/lgbt-asylum-seekers>.

72 All participants in FGDs with refugees and migrants with diverse SOGIESC identified as gay. See the Research Limitations section in Appendix A.



SOGIESC hidden. Once their SOGIESC status became known, however, they may be at increased risk of victimization, including sexual exploitation and sexual slavery. A program officer recounted the experience of one young gay man from Morocco who had been held in a connection house and reported having been particularly abused as a result of his sexual orientation. He was subjected to daily rape and forced to clean and cook, saying, “I was like a woman in the house.” A legal aid officer described how two gay refugees were specifically targeted for sexual enslavement:

“I think there is major sexual violence towards homosexual [*sic*] men rather than heterosexual men in Libya—once they realize that they are gay. The moment that [traffickers or armed groups] steal their telephones, they check the photos and videos and they understand from that point that these people are together [a romantic couple]. One gay couple—one of them didn’t make it, he died in Libya—these two were separated from the rest of the group and taken to a camp in the desert where they were sexually exploited for seven months. They were being sold for sex, until one of them revolted—he tried to stop the rape against him, and they shot him in the foot. ... They were separated from the rest and put into a specific camp because they were gay and were going to be sexually exploited.”

Most cases of sexual violence shared by research participants referred to gay men, with one possible account of a Nigerian transgender boy who currently lives in Italy and is in the process of transitioning from female to male. A trafficker recruited him in Nigeria—when he was a girl, before his transition—by promising him a football career in Germany. He was held in a connection house for three days before being arrested and detained by Libyan police; it unclear whether he suffered sexual abuse. A young Nigerian lesbian was similarly recruited by being promised a football career in Italy; she was sexually enslaved in Libya for nine months and suffered daily abuse.

Perpetrators

An array of perpetrators, with differing motivations and aims, are involved in inflicting sexual violence on refugee and migrant men and boys in Libya. The most commonly reported perpetrators were those who used sexual violence for extortion purposes, including DCIM officials, guards, militias, armed gangs, smugglers, and traffickers. In focus groups, refugees and migrants wondered who ultimately profited from their ransom money, noting that their torturers and guards were poorly dressed or wearing rags, suggesting hierarchical organization.

In detention centers and clandestine prisons, guards, officials, and militias reportedly use sexual violence to punish and control detainees, in addition to extortion. A child protection officer highlighted that the violence was frequently random in an effort to terrorize and subjugate: “Torture and sexual abuse are part of the daily experience in detention centers in Libya. It’s Russian roulette whether you are chosen as a victim one day or the next.” According to key informants, DCIM centers rely on detainee guards,⁷³ offering them small privileges such as water, a daily meal, or a less crowded cell. Although they are reportedly extremely violent, and frequently use rubber piping to beat other detainees, it is unclear whether they are forced to perpetrate sexual violence.

In places of captivity, perpetrators include local men who pay guards to rape male detainees for entertainment or pleasure. Bored guards also engage in sexual violence for entertainment purposes. A 34-year-old Nigerian man told a key informant, “The torture is to beat, to electrify the genitals. The sexual violence is to satisfy themselves. It is just for fun, they are laughing when they do it. ... I feel bad in my heart when I look at Libyan people—I have seen so much with my own eyes.”

⁷³ Official guards choose tall, strong men to be detainee guards, who face harsh punishment, including starvation, if they refuse. According to key informants, detainee guards are frequently severely traumatized by this experience.



Outside of captivity, militias and armed gangs perpetrate opportunistic and premeditated sexual violence at check points, border crossings, random stops, and during kidnappings. Local employers who use forced labor and slave owners may perpetrate sexual violence, including sexual exploitation. One key informant working in Libya suggested that sexual violence was used as part of organized efforts to deter migrants and refugees from entering the country.

According to research participants, perpetrators are overwhelmingly men,⁷⁴ with only two refugees sharing accounts of sexual exploitation involving Libyan women. A few health and mental health providers reported treating refugees and migrants who had been sexually victimized by female soldiers in their home countries, but these accounts were also rare.

Mental health providers working with perpetrators commented that the experience of inflicting sexual violence was qualitatively different than perpetrating other forms of violence:

“There are people who come here who said they perpetrated torture. They did horrible things, even murders. They told us that they murdered someone, but they can’t say that they raped someone because it is more shameful. Physical torture is less shameful. It’s the different side of the same coin: the victim and perpetrator both experienced sexual violence as shameful.”

This study presents initial insights; further investigation is needed regarding the perpetration of sexual violence against refugee and migrant men and boys in Libya, as well as effective mechanisms, policies, and practices to prevent this violence against all persons in Libya.

Intersections with Violence against Women and Girls

“One woman from Togo told us how some armed people in Libya had taken her in front of her husband. They stole me from my husband. They made me their wife and made my husband watch.” –Health provider.

“[In Libya] we were in a big, big shed—600, 800, 1,000 people all together in the same place and all treated terribly. When they need one woman to have sex with, they call her, and they bring her out and they do what they want. Many women became pregnant. Many women committed suicide. Many women became mad.” –“Isaias,” from Eritrea, young men’s focus group.

Refugee women and girls are subjected to exceptionally high levels of sexual violence along the central Mediterranean route.⁷⁵ (See Box 6.) Some women reportedly take contraceptives during their journey to prevent pregnancy from rape,⁷⁶ and many are pregnant on arrival in Italy, where access to abortion care is limited.⁷⁷ A mental health provider’s comment captured the sentiment expressed

74 At the time of data collection, apart from one detention center in Tarik-al-Sikka, no DCIM facilities employed female guards. United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Desperate and Dangerous*.

75 cf. Amnesty International, “*Libya is Full of Cruelty: Stories of Abduction, Sexual Violence, and Abuse from Migrants and Refugees*” (2015); Izza Leghtas, “*Hell on Earth*”; UNHCR and CeSPI, *Eritrean, Guinean, and Sudanese Refugees and Migrants in Italy*; United Nations Support Mission in Libya and The Office of the High Commissioner for Human Rights, *Detained and Dehumanised*; and World Bank Group, *Asylum Seekers in the European Union: Building Evidence to Inform Policy Making* (2018), p. 51.

76 Amnesty International, “Refugees and Migrants Fleeing Sexual Violence, Abuse and Exploitation in Libya,” July 1, 2016, <https://www.amnesty.org/en/latest/news/2016/07/refugees-and-migrants-fleeing-sexual-violence-abuse-and-exploitation-in-libya>.

77 Vanessa Grotti et al., “Shifting vulnerabilities: gender and reproductive care on the migrant trail to Europe,” *Comparative Migration Studies* 6:1 (2018).



by research participants: “All of the women who go across especially Libya have experienced sexual violence. It’s very rare that women have not experienced it.” Sexual violence en route is not a one-off incident: refugee and migrant women and girls frequently suffer repeated or ongoing rape, sexual exploitation, and sometimes sexual slavery throughout their journey. A focus group of adolescent boys from West and East Africa estimated that 90 percent of women and girls are raped on their way to Italy. Key informants working with persons with diverse SOGIESC reported that lesbian refugees and migrants suffered sexual violence not due to their SOGIESC status but because all women are targeted for sexual victimization during the journey to Italy.

Sexual violence against refugees and migrants along the central Mediterranean route is frequently perpetrated in ways that involve and impact both women and men. Research participants reported that men and boys are forced to watch the rape of women and girls, which is a form of sexual violence against both the observer and the victim.⁷⁸ In Libyan detention centers, a commonly reported torture technique involves forcing men to stand in a circle to watch the rape and sometimes murder of women; men who move or speak out are beaten or killed. Compelling men to watch perpetrators rape women with sticks, who then bleed to death, was reported in several accounts. Key informants said that forced witnessing was commonly used as punishment or torture for extortion purposes, as reflected in the following story shared by a health provider:

“I had a case recently—a brother and sister from Somalia were traveling together with the brother’s best friend. The best friend was going out with the sister, he was her boyfriend. They were held captive in Al Kufrah for a few months. The captors gang-raped the sister for six days in a row in front of the two boys. They did that to exert pressure on the boys to have their families send money. She was in a serious condition—she had internal injuries from the rape and died after 15 days. She died one week before we rescued them. These boys were 16 and 17 years old. This sexual violence was used as a method of torture for extortion—to force her brother and her boyfriend to witness this, unable to defend or protect her. They were then forced to ring their families and they begged for help. By the time the money came, she was dead.”

“Isoken,” a 20-year-old Nigerian woman, described to a key informant how men were raped in front of women as well:

“She saw Libyan guards kill girls and boys with their gun. She saw a lot of girls and boys being beaten and raped and wounded. Some they raped in front of her, some they dragged to the desert. She said that ‘if you don’t want, if you refuse, they beat you, beat you, bring a gun, shoot a person, just like that. ... Libyan men, they rape men also. They disgrace the men anyhow they can, they tear their clothes. They assaulted the men in front of me, in front of the women.’”

At other times, guards and other perpetrators publicly rape women, girls, men, and boys in crowded detention centers; while not forced per se, male and female observers are unable to escape. In one focus group discussion, a young Eritrean man disclosed: “We saw these women being raped because there was not enough space because we are all in the same place. ... You have to see it because they take a woman nearby and you hear her crying, screaming, and asking for help.”

Refugee and migrant men are also reportedly forced to rape women and girls, including inside detention centers, in the desert, and at border crossings. A health provider shared an example:

“I spoke to a young girl who had been traveling in a group through the desert and they were stopped by an armed group. They were taking her away with other women

⁷⁸ While forced witnessing is a form of sexual violence in its own right, it is in no way equated with the experience of direct sexual violence. However, both forms can be deeply traumatic for observers as well as direct victims.



to rape and a man said, 'No she's my wife.' He thought maybe they wouldn't rape her if the husband was there, but they didn't believe him and they forced this man to rape her instead. She was remarkable because she truly understood that he was forced and that he was in fact trying to protect her."

"Abdi," an 18-year-old Somali man, described a similar experience at a border crossing, as told by a key informant:

"The uniformed guards at the checkpoint asked everybody for money to cross the border and continue the journey. One girl had no money to pay, so they asked her which one from the group is her family. She was traveling alone, but because she was afraid, she pointed to one of the boys and said he was her brother. The guards then forced that same boy to rape her in front of the group. After she was raped, the guards said that every other man in the group had to rape the girl as well or be beaten before crossing the border. Every other man refused to rape the girl and [they were all] beaten with a Kalashnikov."

According to key informants, women are sometimes forced to publicly perpetrate sexual violence against refugee and migrant men, including forced oral sex and forced masturbation, resulting in deep humiliation for both female and male victims.

Refugee and migrant women can be emotionally and psychologically impacted by men's sexual victimization. Two refugees shared stories of women trying to save men from rape. A Cameroonian woman said: "It is the men that they target in Libya. ... They fuck you with a stick in your anus to see if you have money in there that they can take. We could hear the men screaming and shouting. I even tried to buy some of them their freedom, but I could not help them." An Eritrean man recounted the story of a refugee woman who had been traveling with a group of men and women through the desert when they were stopped by an armed group: "The Libyans raped all the women and the men were also raped. When the women saw that a man was also being raped, they started screaming 'Libyan men, we are not enough for you? Take us instead!' but they still raped him. When they entered Libya, that man committed suicide and the woman who told me this, she was destroyed."

Sexual violence can have a ripple effect, impacting family and community members near and far. A mental health provider, who exclusively treats refugees and migrants, reported that couples who both suffered sexual violence en route are often unable to maintain their relationship or marriage due to feelings of deep guilt and shame. Another mental health provider described how the imprisonment and sexual torture that one Libyan man experienced triggered the onset of physical and verbal violence against his family after they arrived in Italy. Two key informants reported that adolescent boy survivors were unable to have healthy relationships with girls as result of their sexual victimization; one began "acting out" towards girls in an effort to confirm his heterosexuality.

Many refugee and migrant men and boys travel alone, and sexual victimization can also affect their families back home. For example, a mental health provider shared the story of a male survivor who had been an important imam in his country of origin. He worried that his rape, once known by his home community, would lead to stigmatization and violence against his wife and child. Another male survivor became extremely fearful, post-victimization, of his wife and children back home suffering sexual violence as well, and had become more controlling as a result.

Box 6. Violence against Women and Girls En Route to Italy

- A 2018 UN report found that, of approximately 1,300 interviews with refugees and migrants in Libya, the “**overwhelming majority**” of women and older adolescent girls disclosed suffering gang rape or witnessing other women and girls being taken away for sexual violence.
- A 2017 study by Oxfam partners in Sicily revealed that **30 out of 31** women migrants interviewed reported being raped in Libya.
- UNICEF reported that **nearly half** of 82 refugee and migrant women interviewed in 2017 disclosed suffering sexual violence or abuse along the central Mediterranean route.
- One NGO found that, of 125 refugee and migrant women interviewed on the *Aquarius* search and rescue ship from 2016-2017, **12 percent** reported experiencing sexual violence in their country of origin, **22 percent** on their journey, and **42 percent** in Libya.
- According to IOM, an estimated **80 percent** of Nigerian women who arrived in Italy by sea in 2016 were trafficked for purposes of sexual exploitation.

Sources: [United Nations 2018](#), [Oxfam 2017](#), [UNICEF 2017](#), Unpublished 2018, [IOM 2017](#)

Box 7. Context: Italy

Refugees and migrants have sought refuge in Italy for decades. Armed conflict and political, ethnic, and other persecution, as well as poor economic opportunities, have driven almost 650,000 persons into Italy since 2014. The influx peaked in 2016, when 181,400 refugees and migrants entered. This decreased significantly after August 2017, with approximately 23,400 refugees and migrants arriving in 2018, one-fifth of the total arrivals in 2017. According to UNHCR, the decline has largely resulted from the operationalization of the European Commission’s 2017 Action Plan to curb migration to Italy, including increased capacity and activity of the Libyan Coast Guard, as well as restricted access to Italian ports ([UNHCR 2018](#)).

Men and unaccompanied adolescent boys comprise the large majority of refugees and migrants in Italy. In 2018, 72 percent of sea arrivals were men and 18 percent were children, mainly unaccompanied boys. Of the approximately 10,700 unaccompanied children hosted by the Italian reception system at the end of 2018, 92.7 percent were boys aged 15 to 17. (See Box 12.) Tunisia and Eritrea were the top countries of origin of arrivals in 2018. Many refugees and migrants want to continue their journey north in order to join friends or family in Germany, France, and the UK, but are unable to legally do so. Thousands of migrants are camped out on Italy’s northern borders, with many living in squalid, unsafe conditions.

In May 2018, a center-right government was voted into power in Italy. Since then, officials have instituted a number of anti-migration measures, including closing Italian harbors to rescue boats, significantly decreasing funding for reception centers and integration efforts, curtailing access to asylum, and arresting citizens helping refugees and migrants for “abetting illegal migration.” In December 2018, Law 132/2018 (resulting from the so-called “Salvini decree”) was passed, which abolishes residency permits based on humanitarian grounds (for migrants who do not qualify for refugee status), denies or revokes asylum for persons convicted of certain crimes or considered “socially dangerous,” and includes funding to increase repatriation activities, among other measures.



Sexual Violence in Italy

“Sexual violence is not just on the journey, it’s not just in Libya. It’s here, too. They abuse us here. We wake up without a penny in our pocket and the pain of hunger in our stomach. What can we do? We have to sleep with the white people in order to eat.” – “Malike,” from Ghana, men’s focus group discussion.

A fraction of refugees and migrants in Libya successfully reaches Italy. Those that do face new challenges, including legal difficulties, racism, discrimination, violence,⁷⁹ and exploitative work. According to a 2015 study, migrant men and women—compared to their non-migrant counterparts—may be especially vulnerable to sexual victimization; up to 28.6 percent of male migrants and 69.3 percent of female migrants have been subject to sexual violence since their arrival in Europe.⁸⁰

Within the context of Italy, research participants primarily described sexual exploitation and abuse of adolescent refugee and migrant boys or persons with diverse SOGIEC (discussed below). However, some shared accounts of adult heterosexual men who started selling sex for economic reasons. In one focus group, an educated man from West Africa, who remains in a squalid informal settlement after several years in Italy, said:

“We are forced to do things because we need money. We only get 75 euros per month [from the government] and it’s not enough. I had a friend near Teramo. There was a man who gave him 1,000 euros to come to his home and sleep with his wife. The man filmed this.”

Accounts mainly involved older Italian men seeking to pay for sex with refugee and migrant men, although a few accounts of older Italian women who paid for sex were also reported. There were a handful of reports of young refugee and migrant men being recruited into formalized sex work and, on one occasion, to perpetrate a sexual crime. In the latter case, an Italian man paid five young African men to rape his 15-year-old autistic daughter while he filmed the assault. A legal aid officer made linkages between the sexual violence the young men experienced during their journey and the rape they perpetrated:

“They were very young and had no awareness about what they had done. They told us about their experiences and suffering on their journey. The normalization of the sexual violence that they suffered as torture affected their ability to understand the seriousness of the situation. I don’t justify their actions, but I am sure that what they suffered impacted on their lucidity and their ability to make a choice about what is bad and good.”

In addition, Amnesty International documented four cases in which Italian police officers inflicted genital violence, forced nudity, and sexual humiliation on male refugee detainees, including a 16-year-old minor.⁸¹ In a 2017 study in Ventimiglia, on the border with France, some refugees and migrants—the “vast majority” of whom were young men and adolescent boys—reported sexual

79 A 2018 study found that, of a random sample of 503 refugees and migrants in Italy, 46.5% reported having experienced some form of violence at least once since arrival in Italy. Francesco Napolitano et al., “Violence Experience Among Immigrants and Refugees: A Cross-Sectional Study in Italy,” *BioMed Research International* (September 2018).

80 Ines Keygnaert and Aurore Guieu, “What the Eye Does Not See: A Critical Interpretive Synthesis of European Union Policies Addressing Sexual Violence in Vulnerable Migrants,” *Reproductive Health Matters* 23:46 (2015) pp. 45-55.

81 Amnesty International, *Come le Politiche Dell’Unione Europea Portano a Violazioni dei Diritti di Rifugiati e Migranti* (2016), p. 20, and Matteo de Bellis, “Turning up the Heat on Refugees and Migrants,” Amnesty International, November 3, 2016, <https://www.amnesty.org/en/latest/news/2016/11/turning-up-the-heat-on-refugees-and-migrants>.

abuse by police but did not provide detailed information.⁸² For this WRC study, one health provider reported treating a man who, as a minor, had been incarcerated with adults in Italy and was sexually abused by an adult inmate; he had previously suffered sexual violence in a detention center in Libya. Other key informants expressed concern about refugee and migrant detainees given the widespread sexual violence in the Italian prison system. Sexual violence against refugee and migrant detainees in Italy requires investigation, as well as the identification and implementation of effective policies and practices to better prevent this violence in the first place.

Adolescent Boys

According to the Italian Ministry of Labour and Social Policies, the large majority (92.7 percent) of the 10,787 unaccompanied refugee and migrant minors residing in Italian reception centers at the end of 2018 were adolescent boys aged 15 to 17.⁸³ In Sicily, the proportion may be slightly higher, at 97 percent.⁸⁴ In addition, more than 5,000 registered unaccompanied minors, primarily Eritrean, Tunisian, Somali, and Afghan children, were living outside of the formal reception system.⁸⁵ Although most refugee and migrant children who are sexually exploited in Italy appear to be girls, journalists, researchers, and NGOs report that some refugee and migrant boys are also being victimized.⁸⁶

Key informants underscored the vulnerabilities of adolescent refugee and migrant boys to sexual exploitation within the context of selling sex. (See Box 8.) Adolescent refugee and migrant boys are reportedly sexually exploited in urban areas across Italy, although the scope is difficult to assess. One child protection officer commented that “it’s a very common phenomenon of young boys finding an economic solution in prostitution—this issue is strongly underestimated,” whereas another child protection officer thought that the issue has been sensationalized. Most key informants described sexual exploitation of boys without a third organizing party.

Adolescent refugee and migrant boys’ entry into sexual exploitation begins in multiple ways. Poverty and pressures from families to send money home, in conjunction with the inability to legally work, drive some boys to sell sex on the street, such as near the Termini train station in Rome. Others are lured by groomers through social media sites such as Facebook, which Save the Children has previously documented as well.⁸⁷ A child protection officer explained:

“Someone will send a friend request [on Facebook] and then they start a conversation. They ask the boy to come over to his house to talk or will pay him to clean the house. Usually it’s vague. Then they groom at the house—they start discussing sex and they show the boy porn. It’s not physically forced sex. They [boys] rationally decide, ‘this will help me solve my problems.’ All they can think about are their vulnerabilities—that they have no money, they are worried about families, they are scared about their future—so when the groomer shows up they think it will solve their problems.”

82 Refugee Rights Europe, *In Dangerous Transit: Filling Information Gaps Relating to Refugees and Displaced People in Ventimiglia*, Italy (2017), p. 14.

83 Personal Communication, UNICEF Italy, January 2019.

84 UNICEF & REACH, *Children on the Move*, p. 25.

85 IOM, *Migrant Children in Italy*, Issue No. 4 (December 2018).

86 cf. Katya Adler, “Exploited and Abandoned: A Child’s Journey to Europe,” BBC News, September 17, 2015, <https://www.bbc.com/news/world-europe-34286458>; Giuseppe Burgio, “Bodies for Sale: Migration and Sex Work,” 15:1, *Pedagogia Oggi* (2017), pp. 283-296; Maëva Poulet, “Save the Children Denounces the ‘Invisible Exploitation’ of Migrant Children between Italy and France,” *InfoMigrants*, August 8, 2018, <http://www.infomigrants.net/en/post/11048/save-the-children-denounces-the-invisible-exploitation-of-migrant-children-between-italy-and-france>; and Save the Children, *Young Invisible Enslaved*.

87 Save the Children, *Young Invisible Enslaved*, p. 47.



Box 8. Sexual Exploitation of Children

Sexual exploitation refers to any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes. This includes profiting monetarily, socially, or politically from the sexual exploitation of another person. Sexual exploitation of children includes the exploitative use of children in prostitution, defined under Article 2 of the Optional Protocol to The Convention on the Rights of the Child as “the use of a child in sexual activities for remuneration or any other form of consideration.” The World Health Organization, among other organizations, recommends using the language “young people who sell sex” when referring to people aged 10 to 24, including children aged 10 to 17 who are sexually exploited and young adults aged 18 to 24 who are sex workers.

The age of consent in Italy is 14. However, any form of sexual exploitation of a child (girls and boys under 18 years old) is illegal, including promising or giving rewards or remuneration for sexual activities with a child, and recruiting, organizing, controlling, or profiting from sexual exploitation of a child (Italian Criminal Code, Article 600-bis).

Sources: Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (2015), p. 322, and World Health Organization, *Technical Brief: HIV and Young People Who Sell Sex* (2015), p. 3.

Perpetrators may also share boys’ phone numbers with other potential perpetrators, who then text the boy directly to solicit sex. In Rome, for example, boys meet these men in small hotels near Termini train station where boys have made arrangements with hotel owners for short-term rentals. Key informants have observed a pattern in the types of perpetrators soliciting child sex around Termini station: in the early morning, perpetrators are frequently older, retired men; during the day, businessmen are common; and in the evening, it is mostly wealthier men.

Still others may be coerced or forced into formalized sexual exploitation through trafficking networks or organized crime, although the extent of this practice remains unclear. Child protection officers said that Egyptian boys are particularly vulnerable given that a well-established system of under-age sexual exploitation is reportedly in place within the community. In 2017, Save the Children found an increase in the number of reported cases of sexually exploited Egyptian boys; cases declined in 2018, which they attribute to the decrease in refugees and migrants from Egypt.⁸⁸ Key informants mentioned that some Nigerian boys are also being targeted for sexual exploitation, including by possible traffickers. Although not much is known, one key informant reported a higher prevalence of STIs among adolescent Nigerian boys in Latina, a city near Rome, which local trafficking groups attribute to sexual exploitation.

Many boys being sexually exploited reportedly reside in reception centers, which often do not provide pocket money and thus force refugees and migrants to find other ways of generating income as they are unable to work legally. Boys may leave the reception center during the day to sell sex and return before curfew to avoid detection. Key informants working in reception centers shared a few accounts of European men—including some who had traveled from other countries—showing up at centers and demanding to see a certain boy, to whom they had been sending money.

Although much of the discourse on sexual exploitation of refugee and migrant boys assumes they are unaccompanied, this is not necessarily true. Two key informants said that a few poorer families

⁸⁸ Maëva Poulet, “Save the Children Denounces the ‘Invisible Exploitation’ of Migrant Children between Italy and France.”



have pushed boys to report that they are unaccompanied in order to gain access to the benefits of a reception center, although this could not be confirmed. Other families may facilitate the child’s involvement in sexual exploitation, highlighting how families are not inherently protective.

Numerous key informants underscored that the months following a boy’s 18th or 21st birthday marks a particularly vulnerable window since he is forced to leave the reception center where he has lived for his entire stay in Italy.⁸⁹ Young men are suddenly alone and unable to survive on their own, and are vulnerable to labor exploitation, and recruitment by gangs, as well as sexual exploitation. Engagement in exploitative labor, which is common among refugee and migrant boys and young men,⁹⁰ can increase vulnerability to sexual exploitation as it sets a vicious cycle into motion, as described by a key informant: “Boys get paid two euros an hour to work in a pizza shop, pick or sell fruit, or do laundry work. They are working 10 to 12 hours per day, their bodies hurt, so they take drugs. There’s not enough money, so they supplement with some sex work on the side.” Save the Children reports that drug use frequently helps push refugee and migrant boys into sexual exploitation.⁹¹

Key informants also expressed concern about refugee and migrant boys traveling to other areas of Europe. Some are reportedly selling sex on the border with France to facilitate their trip further north. A 2017 study found that, of 26 refugee and migrant boys interviewed in Ventimiglia, near France, 92 percent did not have access to shelter, 80 percent felt “very unsafe,” and 12 percent perceived sexual violence as a major threat.⁹² In addition, thousands of refugee and migrant youth are untraceable, putting them at high risk of sexual abuse and exploitation.⁹³ A protection officer noted: “The path of violence continues.”

Regarding sexual exploitation and abuse within reception centers, only one account of sexual misconduct by reception center staff was reported by key informants: a man had solicited nude photos from refugee and migrant boys under his charge, and he was terminated from his position as a result. Key informants also shared cases of boys who had been raped by older boys of the same nationality in the reception center. According to research participants, reporting mechanisms for sexual violence are weak in many reception centers.

Persons with Diverse SOGIESC

In focus groups, although refugees and migrants with diverse SOGIESC reported feeling safer in Italy than in their home countries or during their journey, they described grappling with a number of protection issues in Italy, particularly the lack of safe housing. Many fled their home countries due to homophobia and persecution, yet they find themselves living in camps or centers with members of their home community—thus continuing to face discrimination, alienation, and sometimes violence from both men and women. “Youseff,” a gay man from Senegal, lamented: “Our problems in Africa are now our problems here.” Refugees and migrants with diverse SOGIESC complained that camp operators and administrators do not understand their unique needs and vulnerabilities. Authorities determining refugee status are also frequently not sensitized to this issue, sometimes requiring refugees to “prove” their diverse SOGIESC status. “Musa,” in a focus group with gay men from Francophone West Africa, said:

“Proving you are gay is hard. It creates a lot of stress. Having no documents is hard—there’s no work, so there’s no house and no sleep. There’s no protection for LGBT

89 Unaccompanied minors must leave the reception system when they turn 18, although there is the possibility of continuous support until their 21st birthday.

90 Save the Children, *Young Invisible Enslaved*.

91 *Ibid.*, p. 45.

92 Sample size unknown. Refugee Rights Europe, *In Dangerous Transit*.

93 Save the Children, *Young Invisible Enslaved*.



refugees. Even once you get your papers, things are difficult. There is no help after you leave the camp, nothing. ... It's not always safe [here in Italy]. The police are aggressive and beat up Africans and gay people.”

Key informants emphasized the vulnerabilities of refugee and migrants with diverse SOGIESC to sexual exploitation. They shared numerous accounts of sexual exploitation carried out by a variety of perpetrators, including male and female clergy and older Italian men and women looking for a “beautiful young toy boy” to exploit. These young gay men are frequently isolated, with few financial and social resources, and are vulnerable to exploitation. In the accounts shared by key informants, none of the perpetrators were held accountable for their actions. In addition, refugees and migrants may not have a clear understanding of what actions constitute abuse. A key informant working with refugees and migrants with diverse SOGIESC shared an example:

“There was a priest who normally greets the guys in the camp in front of the church. [A young gay refugee] was among them. The priest asked him, ‘Why don’t you speak Italian?’ He offered to help him learn. While they were doing exercises, [the priest] started touching him. He was very surprised. He never thought it was the goal of the meeting. He told me, ‘I am gay and it’s been a long time since I had sex, but I didn’t dare to refuse the priest. I kept thinking of my boyfriend, who died along the way [to Italy].’ It’s not about physical attraction—the priest is 49, the guy is 19. If he wasn’t a refugee, there would never ever be anything between them. The guy was eventually moved to another hosting camp. But the guy didn’t perceive it as violence or abuse. It was normal for him to receive invading attention. There was no option to say no—that is the most frightening side.”

Key informants shared several cases of young gay refugee men being sexually harassed and stalked on social media. Perpetrators were frequently older Italian men who demanded nude photos or called and messaged repeatedly, pushing to meet in person.

Some refugees and migrants with diverse SOGIESC engage in sex work.⁹⁴ According to key informants, many do not experience this as exploitative, emphasizing their agency and choice to engage in sex work. Others are economically coerced, facing multiple obstacles to employment, including legal restrictions, homophobia, racism, and high competition for scarce jobs. In focus groups, refugees and migrants with diverse SOGIESC said that finding work was their biggest stressor. A key informant shared the words of a young gay man selling sex: “I don’t look for old people, I don’t want to be with them, but I look to them because they have money.” A 2017 mapping found 3,280 known individuals across Italy who were engaged in street-based sex work; of these, 97.3 percent were non-Italian and 17.8 percent were transgendered persons.⁹⁵

94 The laws relating to sex work in Italy are complex; in general, sex work is not criminalized and any exploitation of sex work is illegal.

95 “Prima Mappatura Nazionale Della Prostituzione di Strada,” *Piattaforma Nazionale Anti Tratta*, May 19, 2017, <http://piattaformaantitratta.blogspot.it/2017/05/prima-mappatura-nazionale-della.html>.



Impact

“Sexual violence against men and boys is a massive issue. I’ve met so many men and boys who are deeply traumatized on a level I have not experienced before because of their experiences in Libya.” –Health provider.

“They [male survivors] become mentally troubled or they kill themselves. In general, when you see those people who commit suicide, you don’t know what really happened to them because it’s a secret. But this [sexual violence] is probably why they become mad or they kill themselves.” –“Yonas,” from Eritrea, young men’s focus group.

The impacts of sexual violence on the survivor, his family, and his community can be severe and multifaceted, with short- and long-term consequences. (Regarding impacts on family and female community members, see the “Intersections with Violence Against Women and Girls” section.)

Psychosocial Health

Many of the refugees and migrants entering Italy have been exposed to repeated trauma, suffering a barrage of physical, psychological, and economic violence, abuse, loss, and hardship prior to and during their journey. (See Box 9.) According to mental health providers working with refugee and migrant sexual violence survivors, common mental health impacts observed in their male patients include post-traumatic stress disorder (PTSD), depression, anxiety, dissociation, auditory hallucinations (“hearing voices”), paranoia, memory loss and confusion, intrusive thoughts and images (especially of the perpetrators), sleep disturbances, and erectile dysfunction. Somatization is reportedly common, including headaches, chest pains, back pains, and a sense of a non-stop itching akin to bugs or worms crawling along the skin or inside the body. Mental health providers reported frequently observing complex PTSD⁹⁶ in their patients, which can impact emotion regulation, identity, and personality, and has long-lasting effects. A few providers noted that survivors with pre-existing psychiatric disorders are more difficult to identify as the disorder can mask sexual victimization.

Sexual violence survivors frequently grapple with intense feelings of shame, guilt, and self-blame. Some men and boys blame themselves for not being able to defend themselves or others against the assault. A health provider shared the words of “Ahmed,” a 17-year-old unaccompanied boy from Somalia, who witnessed men raping girls in front of him at checkpoints in Libya: “He told me that ‘All the girls were raped. ... If you try to defend the girls, they harm you with knife. I could not fight them, I could only tell the girls to forgive me.’” The health provider shared another account of a 30-year-old Cameroonian man who told her: “‘When you enter Libya, you get into prison. This is the most dangerous prison. They raped women in front of me. They raped my wife in front of me. I couldn’t do anything. There was one guard holding the gun and another one who was raping my wife. Libya traumatized me a lot.’”

Some key informants perceived that Muslim men and boys are particularly affected. A mental health provider described the impact of rape by Libyan detention center guards on a 27-year-old patient:

“He started to think about guilt, sin, and shame. His family was strict Muslim and he couldn’t

96 Whereas PTSD can result from an individual traumatic event, complex PTSD is “precipitated by events that are (a) repetitive and prolonged, rather than a single traumatic event, (b) involve harm or abandonment by someone who is ostensibly responsible for the victim, and (c) typically occur at developmentally vulnerable periods in the victim’s life, particularly childhood.” Jacob Stein et al., “Does One Size Fit All? Nosological, Clinical, and Scientific Implications of Variations in PTSD Criterion A,” *Journal of Anxiety Disorders* 43 (October 2016), p. 109.



share it with them. He felt like there is something wrong about him, something in him, that attracted the guard. Another thought is that because he didn't obey his father and this [rape] was the punishment. He thinks, 'So maybe if I had done what my father wanted me to do, this wouldn't [have] happen[ed].'"

The damage to a male survivor's identity can be severe. Heterosexual survivors may believe that rape or other sexual violence "turned them gay," causing confusion about their sexuality. The survivor's sense of self and understanding of himself as a man or a boy may be disrupted. For gay men and others with diverse SOGIESC, sexual victimization can trigger feelings of self-blame and self-hatred—that they "deserved" the violence as punishment for their diverse SOGIESC. A mental health provider working with male survivors said:

"Their identity is compromised. The rape has hurt their personal identity, their masculine identity. They don't feel like the man or boy they were before. They feel without an internal structure—they are de-structured. Especially if they are from a culture that puts a lot on male identity, like if the man is the head of family, the most important part of society. We see this frequently from Muslim communities."

"Ishamel," a 24-year-old man from Sierra Leone who had been held captive for three months in a clandestine prison in Libya, described the impact of sexual violence to a key informant, noting that it is inflicted upon many imprisoned boys and young men:

"[He said,] 'You know plenty people that are coming out of that prison. ... [T]hey are not complete. They were tortured, they were raped. ... This suffering that we had been through, when we talked about it, many boys were explaining their own prison, how they suffer. Plenty, plenty used to suffer through sexual violence.'"

Sexual violence of all forms—not only rape and genital torture—can have profound impacts. Mental health providers underscored that some of the most damaging violations were cultural and religious transgressions, including forced nudity and sexual humiliation. For example, one key informant described a patient who was forced to publicly receive oral sex from a fellow female detainee in a Libyan detention center, resulting in severe trauma that compromised his ability to manage his daily life.

According to research participants, self-harm, suicidal ideation, and death by suicide among male sexual violence survivors are not uncommon, particularly among those still in confinement. This has been reported elsewhere: in 2016, Human Rights Watch interviewed a migrant who had been detained in Tripoli and reported that six men in his cell had hanged themselves because: "[They were] men who had been sodomized, who couldn't take it anymore. It [rape] happened to me seven times."⁹⁷ For this WRC study, a health provider described the suicidal ideation of "Idris," a 25-year-old Nigerian man who had been enslaved for an extended period:

"A man captured him and he had to work every day from dawn until midnight. He told me: 'This man enslaved me. Made me do sexual things I didn't want to do. I said I want to die, I want you to take my life. Then he shot me in the leg.'"

A key informant shared a similar story of "Kehfun," a 21-year-old man from Cameroon who had been subjected to egregious sexual torture:

"People were committing suicide in the cells. He wanted to die. Once, a Libyan man came and was looking to buy a slave. He grabbed the Libyan man's rifle and put it to his own forehead and spat on the man face, begging him to shoot. But the man turned the Kalashnikov the other way and hit him twenty times in the head with the butt of the rifle."

⁹⁷ Human Rights Watch, "EU/NATO: Europe's Plan Endangers Foreigners in Libya."

The consequences of sexual exploitation in Italy can also be severe. A child protection officer described the impact on boys:

“The impact is both psychological and existential. It starts an endless loop of confusion, shame, isolation, frustration, and exhaustion. A failure loop. Especially for the Muslim boys, it’s very hard on them because of their religion. They are not accepted, they are cast out. They feel like misfits, outcasts, when they are engaging in sex work. They can’t reach out to their community. The feelings are overwhelming—they have no peace and it’s very disrupting, so they stop communicating with family at home, so it’s even more isolating. The family has put a lot on the boy—maybe they sold their home to get him to Europe. They put their faith and hopes on the boy to make money, but it is very hard on him. He has to learn a new language, a new culture, a new way of being. The money from this work is *haram* [forbidden], so he cannot send it back to them, so there is more isolation. They end up collapsing inside because they can’t cope.”

Box 9. Physical and Mental Health Impacts of the Journey to Europe

- Of 387 migrants interviewed by MSF at their reception center in Ragusa, Sicily, from 2015-2016, **82%** reported experiencing a traumatic event on their journey, often detention-related in Libya, and **42%** were diagnosed with post-traumatic stress disorder.
- Of 385 refugees and migrants (91% male) assessed by MSF in Italy from 2014-2015, **50%** were diagnosed with a mental health condition, including post-traumatic stress disorder (**31%**) and depression (**20%**).
- Of 2,593 rescued sea migrants (81% male) assessed at Augusta Harbor in Sicily in 2014, **12%** had trauma-related health conditions and **3%** had urogenital conditions; **72%** reported that the symptoms presented during migration.

Sources: [MSF 2016](#), [Crepet et al. 2017](#), [Tovato et al. 2016](#)

Physical Health

According to testimony by a Save the Children representative in 2016, 50 percent of the unaccompanied children treated by their doctors in Italy presented with an STI, which medical personnel attributed to sexual exploitation during the transit.⁹⁸ For this WRC study, health providers reported that they frequently treated male survivors who had contracted STIs, including HIV, from the assaults. Other health impacts reported by providers included rectal and genital trauma, urinary problems, hemorrhoids, genital and rectal pains, genital scarring, and sexual dysfunction.

Regarding STIs, including HIV, key informants reported that object-anal rape, in addition to penile-anal rape, is a key transmission pathway. They emphasized that HIV services require urgent expansion, while expressing concern that attention to HIV could be used by rightwing groups to foster anti-migration sentiment. Other health impacts from torture were noted, including burned throats (resulting from forced drinking of scalding liquids), broken bones, dental issues (resulting from forced tooth extraction), severe burns and cuts, and bullet wounds.

98 House of Lords, *Unrevised Transcript of Evidence*.



Survivors are reportedly wary of seeing a doctor for fears that examination or blood tests can be traced back to sexual victimization, as reflected in the comments of “Sédar,” a refugee from Senegal: “It [sexual violence] can be very shameful. And the sickness that comes from this violence, like AIDS, is very shameful too. It is not only the violence, but the [subsequent] sicknesses that people feel shy about.”

Box 10. Health Care for Male Survivors: Learning from Other Contexts

Dr. Mladen Loncar, a psychiatrist at the University of Zagreb, has treated hundreds of men and boys who suffered sexual violence during the war in Croatia and Bosnia and Herzegovina. Many were confined to detention camps and suffered long-term sexual torture. Male survivors frequently complained of erectile dysfunction, which they attributed to sexual victimization. However, Dr. Loncar’s current research reveals a strong correlation between sexual dysfunction and chronic prostatitis (inflammation of the prostate gland) resulting from poor living conditions and inadequate hygiene within the camps. He found that sexual dysfunction was resolved in the majority of cases once treated for prostatitis. As such, he recommends that health providers consult a urologist when providing clinical care for male survivors, particularly those who have spent extended time in detention or captivity.

Source: Personal communication, Dr. Mladen Loncar, February 2019. See also: Loncar et al., “Mental Health Consequences in Men Exposed to Sexual Abuse During the War in Croatia and Bosnia,” *Journal of Interpersonal Violence*, 25:2, (2010), pp. 191–203.

Integration

Without adequate support and care, the impacts of sexual violence and trauma experienced during the journey may compromise a survivor’s capacity to integrate into their new society. A child protection officer commented: “A boy who isn’t supported can never fully integrate. And this violence may reactivate against others later.” A protection officer highlighted the potential long-term social impacts of not providing adequate care to survivors:

“If we don’t tackle this problem [of sexual violence], then it will have impacts in Germany, Norway, UK, wherever people end up settling down. They will be isolated, they can’t cope, they will have demons, they will spiral down. There is urgency to address this.”

Note that it is important to refrain from stigmatizing boys and men who have survived various forms of violence and assuming that they will perpetrate additional violence. Research from the US shows that the majority of men who experience childhood abuse are not violent as adults; at the same time, suffering sexual abuse as a child increases the risk of perpetrating intimate partner violence as an adult approximately two-fold.⁹⁹ Many male survivors can recover with appropriate care, as discussed in the next section.

In Italy, the experience of racism, discrimination, legal limbo, poverty, and exploitative working conditions can compound the trauma experienced en route and disrupt the integration process. Refugees and migrants, while suffering dehumanizing experiences during their journey, frequently cling to the belief that their problems will be resolved once they reach Europe. The reality is often

⁹⁹ Charles Whitfield et al., “Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization,” *Journal of Interpersonal Violence* 18:2 (2003), pp. 166–185.

deeply disappointing and can be destabilizing. In focus groups, refugees and migrants reported that the racism and rejection they faced in Italy was one of the most painful experiences of their journey, saying: “Italy is worse than Libya” and that locals “don’t see us as human” and “think we are animals.” A mental health provider explained the key elements for a sexual torture survivor’s recovery: “The victim’s condition depends not on what happened to them in the past but depends on what is happening now—about their relationship between the victim and the society around them. ... It is important to have relationships that can help build trust and faith in the world again.” Without support, the ostracism that refugees and migrants may encounter in Italy amplifies their experiences of alienation and dehumanization and strengthens the belief prevalent among some survivors that the world is unsafe, unfair, and cruel. Gay refugees and migrants commented that the racism they experienced in Italy was far greater and more harmful than homophobia.

Without adequate support and care, these experiences can significantly undermine the possibility of integration and can exacerbate mental health issues. In other European countries, young refugee and migrant boys have died by suicide, in part related to their precarious legal status and barriers to social integration.¹⁰⁰

Coping and Recovery

“These people [male survivors] are quite resilient, even a short relationship can provide support. They show great strength in their lives.” –Mental health provider.

“God created us in a different way. Some people can survive anything that they see in this journey. I have seen what I have seen and I can forget it and have a normal life.” –“Nathaniel,” from The Gambia, adolescent boys focus group.

Although persons who suffer trauma are indelibly changed by these experiences, with adequate support and care, many can regain normal daily functioning. This was highlighted during data collection: there was a striking difference between adolescents and young men living in good quality reception centers who had access to care and a positive environment and those who were living in informal settlements or were without support. In general, supported boys and young men demonstrated remarkable resilience and had forward-looking attitudes, whereas unsupported young men were struggling, with some having turned to negative coping mechanisms, including drug and alcohol abuse and petty crime. This was reflected in the contrasting responses of two older adolescents from West Africa, of roughly of the same age, one of whom was living in an abandoned building and the other who was residing in a supportive reception center. When asked if they would speak to anyone about their difficult experiences, the former said, “Why would I tell anyone this? People cannot understand,” while the latter remarked, “It’s better to talk about it. If you don’t speak, the situation becomes very big inside of you.” A 2017 study of 19 unaccompanied minors (18 boys) in Italy also found that, despite significant traumatic experiences prior to and during migration, including sexual victimization, the children had positive sources of resilience.¹⁰¹

Adolescent boys in stable living conditions shared what helped them when the “bad thoughts come,” including speaking with a psychologist or a compassionate, trustworthy adult; listening to music; writing about their feelings, especially raps; dancing; playing football; and going to the gym

100 Amelia Gentleman, “Suicides Raise Alarm about UK’s Treatment of Child Refugees,” *The Guardian*, June 17, 2018, <https://www.theguardian.com/uk-news/2018/jun/17/suicides-raise-alarm-about-uk-treatment-of-child-refugees-eritrean>, and Rachel Roberts and Chris Baynes, “Austrian authorities investigate after 11-year-old Afghan boy ‘kills himself in refugee camp,’” *The Independent*, November 19, 2017, <https://www.independent.co.uk/news/world/europe/suicide-afghan-refugee-eleven-year-old-boy-vienna-camp-crisis-afghanistan-conditions-investigation-a8063171.html>.

101 Claudio Longobardi et al., “Abuses, Resilience, Behavioural Problems and Post-traumatic Stress Symptoms.”



or otherwise moving their body. They also said that having good friends, going to school, receiving financial support to pursue their dreams, and support with integration into Italian society were helpful for their well-being and recovery. A mental health provider working with refugee and migrant men and youth, including male survivors, shared:

“The important thing is to let them live their life. They are human beings and human beings have a strong capacity to recover. Sometimes, in the most difficult cases where they got very, very bad treatment, they need professional help. But the bulk of people can recover if they have the basic things in place to live their life—documents [for asylum], work, a place to live.”

A child protection officer supporting a program for unaccompanied boys, including boys being sexually exploited in the context of selling sex, noted: “Boys’ first coping strategy is to freeze themselves, inside. This program helps decompress insides—it helps them speak and create a narrative story about their experiences, to express feelings in their own words. It is also important to share feelings with the group.” Other key informants reported that religion and spiritual belief can be important coping mechanisms for boy survivors; another study found that belief in God promoted resilience among unaccompanied minors in Italy.¹⁰² During their journey, unaccompanied children report that travel companions are essential for emotional support and security, and can be important sources of resilience.¹⁰³ Some key informants criticized the practice of separating children from their travel companions—whom children identify as their “brothers” and “sisters”—on arrival in Italy, saying that few, if any, are truly unaccompanied and that the concept of “unaccompanied minor” is grounded in western constructions of family.

Mental health providers working with sexual torture survivors underscored the importance of a transcultural approach—that is, a more dynamic understanding of trauma, situated within historical, interpersonal, political, and socio-cultural contexts, which other mental health actors working with refugee populations have called for.¹⁰⁴ They emphasized relationship-building, not only with the therapist but the array of support personnel, to create a new environment where the survivor feels safe and supported. Survivors may not understand that their current mental health struggles are connected with their traumatic experiences, and may be scared of intense emotions, frequently described as feeling “crazy.” Helping the survivor to make sense of their experiences and subsequent reactions in a protected environment, as well as emphasizing that their victimization was not their fault, were noted as key elements for the recovery process. Mental health providers underscored that explicit disclosure of sexual victimization is not necessary for recovery.

102 Ibid.

103 UNICEF & REACH, *Children on the Move*.

104 Gail Womersley and Laure Kloetzer, “This is not paranoia, this is real life’: Psychosocial Interventions for Refugee Victims of Torture in Athens,” *Intervention* 16:2 (2018), pp. 95-102.

Box 11. Preliminary Lessons Learned on Enabling Disclosure and Access to Care for Male Survivors in the Context of the Central Mediterranean Migration Route

The following preliminary lessons learned on enabling disclosure and access to care for male survivors are based on feedback from refugee and migrant men and boys, as well as service providers caring for male refugee and migrant survivors in Libya and Italy. See Appendix B for direct quotes from research participants. In the context of the central Mediterranean migration route to Italy:

- Many male survivors are worried about the health impacts of sexual violence, particularly STIs. Their first (and often only) point of contact with post-sexual violence care is usually a health facility.
- Medical care can facilitate male survivors’ disclosure of sexual violence, especially if there are observable physical impacts that health care providers can sensitively inquire about during the medical history and interview.
- Back pain may be a sign of sexual victimization among men and boys due to genital, rectal, or abdominal trauma, physical or psychological trauma responses, or STIs.
- In a medical context, it may be appropriate for a trained, sensitized health provider to ask directly about men’s experiences of sexual violence.
- Mental health and other care providers may build a trusting relationship, grounded in the respect for privacy and confidentiality, to support disclosures rather than probe victimization. Silence, rather than direct inquiry, may help survivors open up. It is not essential to explicitly disclose sexual victimization to enable healing or recovery.
- Myths such as “only gay men are sexually assaulted” or “all raped men become gay” may be addressed and combated by explaining that while persons of diverse SOCIESC are vulnerable, all men and boys are at risk of sexual violence on this route regardless of SOGIESC status. Providers should explain to refugees and migrants that sexual violence is about power, violence, and control, not about sexual desire, and that surviving sexual violence does not define current or future sexual orientation. Note that experiencing an erection during an assault (known as arousal non-concordance) is a common physiological response and has no bearing on sexual orientation or that the survivor “wanted it.”
- Survivors disclose to people they trust, both men and women. Disclosure is an individual preference and men and boys should be given the option of working with either a male or female provider.
- Boy survivors rarely explicitly disclose sexual abuse or exploitation and will instead use euphemisms or allude to victimization such as “you can’t imagine what they do, they gave me a pain that I can’t forget” or seemingly innocuous comments such as “he was kind to me.”
- Some survivors find it easier to disclose to a foreigner, rather than someone from their ethnicity, culture, or religion.
- Building trust with refugee and migrant women may facilitate the identification of male survivors within their family, such as husbands and sons.
- Many men and boys may not understand that the violence against them constitutes sexual violence. They may also not realize the benefits of accessing post-sexual violence care. Defining sexual violence, providing examples of forms of male-directed sexual violence (such as genital torture), and explaining that sexual violence entails medical and psychological impacts that can be treated may help facilitate service uptake.
- Explicitly acknowledging that sexual violence against men and boys is widespread on the journey to Europe, especially in detention and captivity as a form of torture and extortion, may help survivors open up. In addition, identifying and privately approaching individuals vulnerable to sexual victimization, such as unaccompanied minors, victims of torture, and former detainees and prisoners, and acknowledging that sexual violence is commonplace among these populations may help enable disclosure.
- It is important for service providers to recognize sexualized forms of torture such as genital beatings, electroshock to genitals, burning of genitals, full or partial castration, object-anal rape, among others, as sexual violence (and not solely torture) because sexual violence has specific medical and psychological consequences and legal implications.
- Each survivor who chooses to disclose does so in his/her/their own way. The priority is to create a safe, supportive, and trusting environment where confidentiality and non-judgement are prioritized, and where staff are trained in receiving disclosures and do not pressure, force, or rush a survivor to disclose.



Box 12. The Italian Reception System

The response to refugees and migrants arriving in Italy is led by the Ministry of Interior, which has established a multi-phased reception system that provides free accommodation, food, and support. Upon arrival, refugees and migrants are placed in one of three types of first-line reception centers: first aid reception centers (CPSA), collective centers (CARA and CDA), and temporary reception centers (CAS) when placement in the first two types of centers is not possible. These facilities are run by various cooperatives, private companies, and community-based nonprofits. They tend to be less regulated with services of varying quality. Although the official stay in a first-line reception center should be no more than 30 days, refugees and migrants may remain in them for months or sometimes years. The majority of refugees and migrants in the reception system reside in first-line centers.

As of December 2018, second-line centers are primarily made available through SIPROIMI, which, under Law 132/2018, replaced the SPRAR for asylum seekers and recipients of international protection. Under SIPROIMI, only unaccompanied foreign minors and recipients of international protection—not asylum seekers—are allowed to access second-line reception centers. Additional secondary reception facilities are financed through the European Asylum, Migration, and Integration Fund (AMIF) and others authorized at the regional and local levels. Finally, CPR are detention and repatriation centers for irregular migrants without proper documentation; they house an unknown number of refugees and migrants.

Approximately 135,000 refugees and migrants lived in reception centers across Italy at the end of 2018. At least 10,000 resided outside of the formal reception system, living in informal settlements, like abandoned buildings, scattered across the country with limited or no access to basic services, health care, and protection.

Further changes to the reception system resulting from the implementation of Law 132/2018 are expected in 2019.

Service Provision in Italy

In Italy, services for refugees and migrants are operationalized through reception centers. (See Box 12.) In theory, access to specialized services should be available through referral by reception center operators. However, the reception system is decentralized and service quality is variable: whereas some centers are well-funded and staffed by skilled, adequately compensated operators, many others are isolated and poorly funded, with overwhelmed, undertrained, and underpaid staff.

For refugee and migrant survivors of sexual violence, parallel systems are in place: the reception system and a public system for sexual violence survivors, the latter of which is oriented to women and girls.¹⁰⁵ In the public system, some sexual violence-related services are available in urban settings for Italian women and girls, yet providers tend to lack cultural sensitivity and interpreters are rarely available, thus impeding access for female refugee and migrant survivors. Overall, targeted, accessible post-sexual violence care is severely lacking for female refugee and migrants. In reception centers, general case management is provided in secondary-level centers, but case managers are reportedly not trained in GBV case management.

105 Violence against women and girls in Italy is widespread. See: UN Women, Global Database on Violence Against Women: Italy, <http://evaw-global-database.unwomen.org/en/countries/europe/italy>.

For male refugee and migrant survivors and survivors with diverse SOGIESC, no targeted services or safe shelters for adult male and older adolescent survivors were identified in the four study sites. However, a handful of local organizations, primarily oriented to victims of torture, are providing good quality, comprehensive mental health, medical care, and other support services for refugees and migrants, including male and female sexual violence survivors¹⁰⁶:

Center for Transcultural Psychiatry in Catania, led by Dr. Aldo Virgilio, was established by the Ministry of Health and provides specialized, culturally sensitive psychological and psychiatric care for refugees and migrants, including sexual violence survivors. The team-based approach involves a cultural mediator, case worker, and therapist, among others.

Centro Penc Association—Ethnopsychology Service (Associazione Centro Penc—Servizio di Etnopsicologia) sits within Palermo’s Office of the Ombudsman for Children and provides specialized, ethnopsychological support for refugees and migrants, including unaccompanied minors, children, women, and male and female victims of torture and sexual violence. The Center also engages in advocacy, training, and clinical supervision of mental health operators working in the reception centers. The center is supported by UNICEF.

Differenze Donna is a Rome-based NGO focused on addressing violence against women and girls, and sometimes boys and men. It provides legal assistance for male asylum seekers, including male survivors of sexual violence.

MCT (Medici Contro la Tortura or Doctors Against Torture), established 30 years ago, was the first organization in Italy to work with victims of torture. It is a voluntary agency that has provided psychological and psychiatric care to thousands of victims of torture, including sexual torture. In partnership with MSF, MCT established a center for refugee and migrant victims of torture in Rome. Their interdisciplinary, ethnopsychiatric methodology involves establishing a five-member team for each patient: a doctor, cultural mediator, social worker, physiotherapist, and psychologist.

MEDU (Medici per i Diritti Umani or Doctors for Human Rights) provides specialized medical and mental health care to vulnerable refugees and migrants in Rome, Sicily (Ragusa), and Calabria. Their staff have ample experience working with torture survivors and male survivors of sexual violence. In Rome, their mobile clinic services informal settlements throughout the city. They have also developed a simple questionnaire for reception center psychologists to identify and refer victims of torture. MEDU is supported by UNHCR, among others.

SaMiFo (Salute Migranti Forzati or Health for Forced Migrants) is a collaboration between the local health care authority (Asl Roma 1) and the Centro Astalli, the Italian branch of the Jesuit Refugee Service. The center in Rome is the first public center in Italy dedicated to refugees and asylum seekers fleeing persecution and armed conflict. Since its establishment in 2006, staff have treated more than 12,000 people, 80 percent of whom are male. For survivors of sexual violence, they provide medical, mental health, and forensic services, including medico-legal certificates.

Other groups, such as the Agora Center in Catania, the local health authority (ASP—Azienda Sanitaria Provinciale) in Palermo, and Emergency in Palermo, provide sensitized health services for refugees and migrants and refer male survivors to specialized services. CLEDU (Clinica Legale per i Diritti

106 Note that the lists below are not comprehensive. Additional agencies may be providing sexual violence-related services for refugee and migrant men and boys that were not identified during data collection.



Umani), an initiative with the University of Palermo, provides legal aid for refugees and migrants in reception centers across Sicily. LILA, in Catania, engages in sexual and reproductive health awareness-raising and service promotion and provides free HIV and Hepatitis C testing. Penelope Association, also in Catania, works with female and male victims of trafficking.

International UN agencies and NGOs are also engaged in efforts that can enhance support for male survivors. IOM Italy has protection staff in southern regions as well as in northern areas at the borders with France and Switzerland; it provides legal counseling to migrants and refugees at landing points and in reception

centers with a focus on counter-trafficking, engages in capacity-building activities for police officers, local authorities, and staff of reception centers, and works in coordination with national authorities to monitor the conditions of reception centers. MDM provides health and psychosocial services to refugees and migrants in Calabria, primarily in first-line reception centers. MSF-Belgium, in addition to its joint center for victims of torture with MCT in Rome, provides primary health care and psychosocial support to refugees and migrants, including those in informal settlements, in selected settings throughout Italy. Oxfam Italia provides support for legal, psychological, and health assistance, among other efforts. UNHCR Italy, as outlined in its 2017-2019 sexual and gender-based violence (SGBV) strategy, focuses on advocacy, awareness-raising, contributing to policy development, and local and national capacity development;¹⁰⁷ in 2018, it rolled out a total of 27 training events, which were attended by 704 participants, including a training of trainers on SGBV referral pathways, training on SGBV prevention and response for health practitioners, regional workshops on equal access to services for SGBV refugee survivors, specialized training program to strengthen SGBV competencies of female cultural mediators in anti-violence centers, and hosted an inter-agency three-day workshop on refugees and migrants with diverse SOGIESC. UNICEF Italy supports local capacity development and the development of child protection materials, and in 2018 held a GBV training for frontline workers that addressed male survivors and shared lessons learned with organizations working with men and boys in Greece; UNICEF plans to increase attention to GBV in 2019.

Organizations providing protection and material support for minors include CivicoZero, launched by Save the Children in 2009, which has established drop-in day centers for refugee and migrant youth. The centers offer food, psychosocial support, integration support, recreational activities, life skills support, and assistance with accessing social services and legal aid. INTERSOS has child protection-based projects throughout Italy; in 2011 they opened a center for unaccompanied minors in Rome, which has hosted more than 6,000 individuals to date and includes 24/7 access to a psychologist. Terre des Hommes in Catania provides case management and psychological support for refugee and migrant children.

Box 13. Good Practice: CESVI in Libya

CESVI, an Italian NGO, provides a range of services, including cash assistance, psychosocial support, and GBV case management, in Tripoli. In 2017, only six male survivors had come forward to access services. Between January and October 2018, this number had tripled. CESVI attributes the increase in service uptake to the availability of male and female GBV case managers who are committed to principles of confidentiality, respect, and a survivor-centered approach. As a result of trust-building with community members, word of their services spread. Male survivors who had received confidential psychosocial support reached out to other men and boys with whom they had been detained, who then came forward to access CESVI's services.

107 UNHCR Italy, *UNHCR Italy SGBV Strategy 2017-2019* (2017).

Box 14. Good Practice: MSF on the *Aquarius*

In 2017, MSF health providers on the *Aquarius* search and rescue ship were concerned about the men and boys they had rescued at sea: few were coming forward to access sexual violence services on the vessel, although providers knew that sexual violence in Libya is widespread. They found that most male refugees and migrants were unaware of the medical consequences of sexual violence and didn't know that medical care for survivors existed, much less was available on the ship. Many didn't understand that their experiences constituted sexual violence or were reluctant to report sexual violence due to deeply entrenched gender norms, stigma, and fear.

To enable service uptake for male and female survivors, health providers developed and implemented a simple yet effective intervention. On the second or third day after rescue, once people had settled in and felt safer after their traumatic journey, two female health providers spoke with the women and girls, while one female and one male health provider spoke with the men and boys. They would find or create a quiet, private location on the ship and convene gender-specific groups of 10 to 15 people who spoke the same language. They gave a short speech that acknowledged how difficult the journey had been and that many other women and girls, and men and boys had told them about suffering sexual violence in Libya, during transit, and in their home country. After clearly defining sexual violence and providing examples of different forms, such as rape, being forced to rape others, cutting of genitals, electroshock to genitals, and an object forced into the anus, they explained that sexual violence has medical and psychological consequences that can be treated or managed. They underscored that free, confidential medical care was available on the ship, that refugees had the option of speaking with a male or female health provider, and that staff were there to listen, support, and provide care. Refugees and migrants could approach staff at any time. The providers emphasized that sexual violence can happen to anyone, that it is not the survivor's fault, that they did not need to feel ashamed, and that they are not alone. For men and boys, providers emphasized the medical consequences of sexual violence, which they found helped enable disclosures due to men's and boys' fears of existing or potential STIs. To raise awareness about existing services, posters about the availability of post-sexual violence medical care that depicted male survivors were placed in the men's bathrooms.

As a result, the number of male survivors who came forward for care increased significantly: in 2018, 33 percent of those who sought care were men and boys, compared to 3 percent in 2017.



**Sexual violence can affect your health.
We can treat you with medication and support you.**

**Les violences sexuelles peuvent affecter votre santé.
Nous pouvons vous fournir un traitement et vous soutenir.**

يمكن للعنف الجنسي أن يؤثر على صحتكم، يمكننا أن نقدم العلاج و الدعم اللازم

*Example of MSF poster on the *Aquarius* search and rescue ship
(Courtesy of Aoife Ní Mhurchú)*



No targeted services for refugee and migrant survivors with diverse SOGIESC were identified, although some organizations are providing general support, including legal aid: AfricArciGay, in Vercelli, trains reception center operators and provides legal aid and psychosocial support, among other services, specifically for refugees and migrants with diverse SOGIESC from Africa. ArciGay, the largest organization in Italy focused on persons with diverse SOGIESC, has chapters throughout Italy, some of which are involved in providing support to refugees and migrants. In Palermo, the ArciGay chapter has a multi-disciplinary team to support a small number of refugees and migrants, including legal aid for asylum claims and support to facilitate access to health, mental health, and other services; in 2018, they created a manual to help reception center operators and service providers better understand and meet the needs of refugees and migrants with diverse SOGIESC.¹⁰⁸ Cooperative Caleidos, in Modena, is one of the few organizations providing housing for gay refugees and migrants. At the time of data collection, three apartments housed 11 persons and two more apartments were planned to open in 2019. GAGA (Gruppo Ascolto Giovani Arcobaleno, or Young Rainbow Support Group), in Venice, is a volunteer organization that helps link refugees and asylum seekers with diverse SOGIESC to legal aid, health and mental health care, and other social services. The Gay Center in Rome hosts a monthly intercultural support group for refugees and migrants with diverse SOGIESC. MigraBo, in Bologna, provides legal aid to asylum seekers with diverse SOGIESC to support claims for international protection; they also conduct sensitization workshops for reception center operators and NGO staff. There are a number of other organizations throughout Italy that support refugees and migrants with diverse SOGIESC, including as MIT (MIT—Movimento Identità Trans) which provides support for transgender persons specifically.¹⁰⁹

Enablers and Barriers

“There are thousands of them, but only one Dr. Virgilio.” –Reception center manager.

Across the study sites, a number of enabling factors are in place to support at-risk refugees and migrants and to facilitate male and female survivors' access to care. Unlike many humanitarian contexts, comprehensive, good quality care for male and female survivors *is* available in selected settings, although need greatly outweighs service availability. Many young men and boys living in supportive, well-run reception centers can—to large degree—recover from their difficult journey, reflecting the positive impacts and possibilities of the Italian reception system. At the time of data collection, in theory, the Italian health care system is free, including for asylum seekers and beneficiaries of international protection; irregular migrants have free access to essential health care services. Sexual violence is broadly defined in the Italian Criminal Code and is gender neutral, encompassing both male victims and female perpetrators.¹¹⁰ In 2017, the acclaimed “Zampa law” was passed, which increased protection to refugee and migrant children, including guaranteeing them a minimum level of care.¹¹¹ Until recently, in addition to granting refugee status and subsidiary protection, Italy had a mechanism to grant “humanitarian protection,” which included a two-year residency and work permit, to migrants who did not qualify for other forms of protection. Despite increased populist opposition to migration, there are remarkable civil society-based efforts across the country: numerous dedicated NGOs, associations, cooperatives, and community-based organizations are working to assist refugees and migrants in their communities, including managing good quality reception centers. Thousands of Italians across the country have volunteered as guardians to support unaccompanied minors.

108 Arcigay Palermo et al., *Sportello Migrant LGBTI, Qui Nessuno È Straniero* (2018), <https://arcigaypalermo.wordpress.com/2018/10/15/la-migration-il-manuale-per-operatori/>

109 For a list of organizations supporting refugees and migrants and with diverse SOGIESC, see: <https://www.ilgrandecolibri.com/en/migrants>.

110 Italian Penal Code, Art. 609-bis. (Codice Penale, Libro Secondo dei Delitti in Particolare, Titolo XII, Dei delitti contro la persona, Capo I, Dei delitti contro la vita e l'incolumità individuale, Art. 609-bis, Violenza sessuale.)

111 Protection Measures for Unaccompanied Minors (Law n. 47/2017).



At the same time, extensive challenges impede service provision and accessibility for both male and female survivors. A key issue is the **scarcity of services and safe shelters**—including for Italian women—particularly in remote areas. The existing networks of post-sexual violence service providers are oriented to women and girls and, in general, are **not equipped to respond to male survivors**. Key informants expressed concern about efforts to enable disclosure given the **limited referral points for male survivors**. In addition, the **reception system itself is underfunded, fragmented, and decentralized**, impeding the implementation of coherent, standardized processes and procedures. **Accountability mechanisms to enforce compliance with minimum standards** in sexual violence prevention and response in reception facilities are lacking. Further, the recent **introduction of the SIPROIMI system**, which excludes asylum seekers from second-line reception centers, may prevent many female and male survivors from accessing comprehensive care, given that first-line reception centers only offer basic services. Other critical barriers include:

Staffing barriers

Communication and cultural sensitivity barriers—Key informants frequently reported that language barriers resulting from the lack of trained cultural mediators and interpreters at medical facilities and other services points significantly impeded access to care. In addition, few staff are trained in transcultural communication and how to sensitively support and work with communities from different cultures. A key informant working with refugees and migrants with diverse SOGIESC said: “Most of the operators in the camps don’t inform people about rights. Superficially they say, ‘You can get refugee status if you were persecuted based on your political affiliation, religion, and sexual orientation.’ But they [refugees and migrants] don’t know these words or the word ‘gay.’ Many are illiterate. The communication doesn’t work.” With regard to clinical management of sexual violence survivors, health providers in the national system are trained to adopt a medicalized approach and frequently lack the sensitivity needed to appropriately care for female or male survivors.

Untrained staff with limited awareness of male sexual victimization—Service providers and reception center operators are largely unaware of the issue of sexual violence against refugee and migrant men, boys, and persons with diverse SOGIESC. Few are trained in how to support male or female survivors. Reception center case managers are not equipped to provide sexual and gender-based case management. Few mental health providers have adequate training in ethno-psychology. Health staff caring for refugees and migrants at points of disembarkation are reportedly untrained in clinical management of rape.

Harmful attitudes and practices—Racism was frequently cited by refugees as a key barrier to care. Some service providers hold homophobic, sexist, and other harmful or culturally insensitive attitudes, which can strongly deter survivors from accessing care. Further, some health providers reportedly refuse to treat irregular refugees and migrants, including minors, although they are legally required to do so.

Vicarious trauma—Front-line workers often lack the material and mental health support needed to effectively respond to refugees’ and migrants’ needs. Key informants were clearly impacted by the disturbing experiences recounted by refugees and migrants, with a few breaking into tears during interviews. Vicarious trauma, particularly among cultural mediators, may be prevalent, as reflected in the words of one key informant: “You will die if you do this every day.” More mental health support, including support for self-care, is needed for front-line staff.



Referral and coordination barriers

"If you are sick, they only give you paracetamol [in the reception center]. You don't go to the hospital." "Momar," from Senegal, focus group with persons of diverse SOGIESC.

Although national standard operating procedures (SOPs) on responding to sexual violence were developed, they have not been operationalized. Standardized referral pathways for female or male survivors are weak or absent, although individual reception centers or service providers may set up informal systems within their networks. A key informant said: "In the reception system, they are at the mercy of the people in the center. The social workers—how committed are they? What services do they know? Who will they refer to? What connections? How burned out are they?" Sexual and gender-based violence case management and case coordination procedures also require significant strengthening.

Institutional coordination among agencies remains fragmented, and coordination and referral between national and NGO services on sexual and gender-based violence prevention and response are weak. Although a child protection coordination group is established in Rome, at the time of data collection, sexual violence or abuse of boys had not been discussed in the coordination group.

Barriers to seeking service

"Migrants and refugees have a right to access care through the health card. And there is the STP code [Straniero Temporaneamente Presente, a health card for irregular migrants] for undocumented people to access care. But they don't know where services are, they mistrust providers, they are scared. There are a lot of cultural barriers, and also logistical barriers. For minors, it legally shouldn't matter whether they are documented, they have a right to a pediatrician. But they are often rejected. Providers don't know or don't care." —Health provider.

Sociocultural norms and beliefs—In the four study sites, few male survivors have come forward to access post-sexual violence services. Research participants reported that medical concerns might prompt a survivor to seek care. Otherwise, shame, fear of stigmatization, religious taboos, and worries about not being believed hinder survivors from seeking services. A young Eritrean man highlighted the difficulties of disclosure: "If a man sees that a woman is looking at him [and knows that he was sexually victimized], he'd kill himself. It is terrible for our culture. You would never get to the step of telling about it." Health and mental health providers remarked how men and adolescent boys are comfortable describing psychological violence and physical torture, but discussing sexual violence is usually off limits. A number of informants echoed the comments of one health provider: "Once they get to Italy, they see the violence as the way that they became a man. They do not want to think about it again or talk about it. It is what they did to get here. They need help, though. It [sexual violence] is happening to all of them, but they will not talk about it."

Limited information—No standardized communication mechanism is in place to ensure refugees and migrants receive consistent, timely information about their rights, the available services, and asylum procedures. Meaningful community engagement efforts on sexual violence-related information, services, and awareness raising are scarce. Further, male refugees and migrants may not understand that their experiences constitute sexual violence as sexual violence may be understood as penile rape only or perpetrated against women and girls alone. Many refugees and migrants—both male and female—are unaware of the benefits of seeking care or that



medication, such as post-exposure prophylaxis (PEP) to minimize HIV transmission, exists to manage the health impact. Refugees and migrants are frequently unsure of what services are available to them or how to access them.

Fears of repercussions—In Italy, refugees and migrants often have two main goals: securing some form of international protection—and therefore a work permit—or transiting through Italy as quickly as possible to travel north to a different destination country. They fear compromising either goal and therefore may avoid accessing services or reporting violence. A key informant explained: “They are afraid of being detained and deported. Migrants are afraid to press charges against employers abusing and exploiting them, even though they can get documentation that way. They are scared that they can’t stay, that they will be deported. They’re afraid they will not find another job.” Fear of retaliation from perpetrators or traffickers also impedes disclosure.

Mistrust—Refugees and migrants, particularly those residing in informal settlements outside of the reception system, expressed mistrust of the existing services. Skeptical of confidentiality processes, they were concerned that victimization would become known to their communities and families, especially in their home country. In terms of legal aid, many refugees and migrants have spent months and sometimes years suffering inhumane treatment in contexts of impunity, resulting in limited confidence in or knowledge of legal redress options.

Funding barriers

The reception system and the national health care system are both underfunded and unable to fully meet the needs of refugees and migrants. Due to funding challenges, reception centers are frequently understaffed and existing staff are regularly underpaid, experience delays in payment, or are sometimes not paid at all. For example, in one reception center that housed more than 80 boys, only one psychologist was reportedly available for one half-day a week, and center staff had not received their wages for months. One key informant mentioned that some reception center operators receive only a few euros an hour.

Funding for the operationalization of national policies and guidelines, including the National Roadmap to Refugee Reception (2016), national guidelines on the treatment and rehabilitation of torture victims (2017), and National Strategic Action Plan on Violence Against Women (2017-2020), is insufficient. There is also a dearth of targeted financial support for male survivors, survivors with diverse SOGIESC, and at-risk men and boys, in addition to scarce support for women and girls. Corruption was also mentioned as a significant issue impeding service provision.

Legislative barriers

In December 2018, the Italian government signed Law 132/2018 on international protection, immigration, and security. Among other measures, the law abolishes the “humanitarian protection” residency permit, which may render an estimated 130,000 refugees and migrants homeless by 2020, and restricts access to the reception facilities.¹¹² The full consequences of the operationalization of the law are unclear at this time. Key informants worried that unaccompanied minors may be particularly impacted, as many may lose access to protection once they turn 18; as of November 2018, 60 percent of unaccompanied minors in Italy are 17 years old.¹¹³ Refugees and migrants with diverse SOGIESC may also be detrimentally affected, as “humanitarian protection” is the category of protection frequently granted to those fleeing

112 Lorenzo Tondo and Angela Giuffrida, “Vulnerable Migrants Made Homeless After Italy Passes ‘Salvini Decree,’” *The Guardian*, December 7, 2018, <https://www.theguardian.com/world/2018/dec/07/vulnerable-migrants-made-homeless-after-italy-passes-salvini-decree>.

113 UNICEF, *UNICEF Note—Italy*.



their home countries based on SOGIESC persecution.¹¹⁴ Although survivors of sexual violence and sex or labor exploitation can continue to access residency permits on the basis of social protection, few male survivors understand that they have suffered sexual victimization or are recognized as survivors. Key informants expressed concern that the legislation would push refugees and migrants into the streets, thus increasing their vulnerability to sexual exploitation and abuse, recruitment by gangs, and trafficking, as well as limiting their access to services, including survivors with mental health issues and refugees and migrants living with HIV. One key informant reported that a young Bangladeshi boy “became suicidal” upon learning about the new legislation.

Minimal prevention efforts

In Italy, humanitarian organizations, government agencies, and service providers have given limited attention to the prevention of sexual violence, abuse, and exploitation of male refugees and migrants, including those with diverse SOGIESC. More attention is needed to junctures of increased vulnerability, such as upon or after receipt of international protection and after a person’s 18th or 21st birthday, when access to assistance, including housing, is often disrupted.¹¹⁵ Some efforts are underway that may contribute to prevention, such as youth drop-in centers, life skills workshops for youth, integration programs, and cash assistance, although these are limited and usually not targeted to the prevention of sexual exploitation and abuse.

Key informants cited additional barriers to service provision and accessibility, including the **lack of coordinated, comprehensive data collection** on sexual and gender-based violence; the **bureaucratic health care system**, which is confusing and difficult for refugees and migrants to navigate; and **limited specialized care for survivors with rectal trauma** requiring specialized surgery. Even when services are in place, they may not be working well. For example, although a national, toll-free, 24-hour sexual and gender-based violence hotline (Telefono Rosa) has been set up for female and male survivors by the Department for Equal Opportunity, when WRC researchers called during the English-speaking time slot, no English-speaking operators were available.

CONCLUSION

“I think Libya is hell. Our ears are blocked. You listen to these stories and you think, that’s not possible—it’s 2018 and we already fought for civil rights and laws, how can this be happening?” –Legal aid officer.

“Migration is like water, you cannot block it, you can only make the travel more difficult. If you block one route that was popular because it was less dangerous, so you force them to take a more dangerous route and people will arrive with more disease and more troubles.” –Program officer.

The findings from this study suggest that sexual violence against refugee and migrant men and boys, in addition to women and girls, is widespread along the central Mediterranean route. Sexual victimization is not a one-off event; rather, men, women, girls, and boys are repeatedly exposed to multiple forms of sexual violence throughout their journey. In countries of origin, sexual abuse

114 Steve Scherer, “Italy’s Salvini Gets Win with New Asylum and Security Rules,” *Reuters*, November 29, 2018, <https://www.reuters.com/article/us-italy-politics-immigration-security/italys-salvini-gets-win-with-new-asylum-and-security-rules-idUSKCN1NY1JN>.

115 Some unaccompanied minors residing in the reception system may access continuous support until their 21st birthday.

and conflict-related sexual violence are sometimes push factors for men and adolescent boys to leave home and embark on the dangerous journey to Europe. Along the way, they encounter sexual violence and exploitation at border crossings and check points, during random stops by armed groups, and while kidnapped and held for ransom. This culminates in Libya, where refugees and migrants become trapped in a nightmarish web of exploitation, abuse, and sometimes slavery, and where brutal sexual violence is used with impunity for extortion, subjugation, punishment, and entertainment. Adolescent boys and persons with diverse SOGIESC whose status is revealed may be particularly vulnerable to sexual violence. For the few refugees and migrants who reach Italy, the cycle of violence and exploitation may continue: an unknown number of boys, young men, and persons with diverse SOGIESC are being sexually exploited. With recent legislation (Law 132/2018) that may force large numbers of refugees and migrants into illegality and homelessness, this may increase.

Of grave concern is the EU's strategy of curbing migration through bolstering the Libyan Coast Guard and providing financial support to augment Libya's detention system. Italy's forced cessation of NGO search and rescue ships in the Mediterranean is also alarming. These practices contribute to the drowning of thousands of people, as well as illegal detention, torture, sexual violence, slavery, and murder by enabling the forcible return of refugees and migrants to Libya, which violates international and customary law prohibiting *refoulement*.

Despite these grim findings, positive efforts are underway. In select cities in Italy, a handful of local organizations are providing comprehensive, effective care for male and female sexual violence survivors. With sufficient support, some survivors are recovering and can start to rebuild their lives and integrate into their new society. Civil society groups and individuals across the country are volunteering to help refugees and migrants within their communities.

Every effort should be made to preserve and enhance refugees' and migrants' access to international protection, and other protection measures should be reinforced for those outside of the formal reception system. Safe and legal entry pathways should be increased for refugees and migrants to Europe, including expanding access to asylum, family reunification, humanitarian visas, and education visas. The institutions providing comprehensive care for sexual violence survivors should be funded to expand service provision and their service delivery models replicated with lessons learned shared with other European countries hosting refugee and migrant populations.

The findings from this study have implications for countries beyond Italy. Migration routes are changing, and more refugees and migrants are seeking to enter Europe through Spain. Refugees continue to arrive in Greece. Although refugees and migrants may not pass through Libya, many will continue to be exposed to significant violence en route. Urgent action must be undertaken to prevent sexual and other forms of violence where possible, promote protection along all migratory routes to Europe, and provide comprehensive medical and psychosocial care to female and male survivors. All refugees and migrants need and have a right to protection, care, justice, and support.



ACRONYMS AND ABBREVIATIONS

DCIM	(Libyan) Department for Combating Illegal Immigration
EU	European Union
FGD	Focus group discussion
GBV	Gender-based violence
HIV	Human immunodeficiency virus
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
LGBTI	Lesbian, gay, bisexual, transgender, intersex
MDM	Médecins du Monde
MHPSS	Mental health and psychosocial support
MSF	Médecins Sans Frontières
NGO	Nongovernmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
PTSD	Post-traumatic stress disorder
SGBV	Sexual and gender-based violence
SOGIESC	Sexual orientation, gender identity and expression or sex characteristics
SOP	Standard operating procedure
SPRAR	System for the Protection of Asylum Seekers and Refugees
STI	Sexually transmitted infection
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WRC	Women's Refugee Commission

KEY DEFINITIONS

Conflict-related sexual violence “refers to incidents or patterns of sexual violence, that is, rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, that is, a temporal, geographical, and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.”¹¹⁶

Conflict-related sexual violence against males includes oral and anal rape and attempted rape (including with objects), genital violence (including beatings, electric shock, and mutilation), castration, penile amputation, sterilization, forced sexual activity with or sexual harm against other people (including family members) or corpses, sexual humiliation, including forced masturbation of self and forced nudity, forced witnessing of sexual violence against others, and other forms of sexual violence of comparable gravity.¹¹⁷

Cultural mediator is someone who “facilitates mutual understanding between a person or a group of people (e.g., the migrant/refugee population) and a caregiver (e.g., a doctor) by providing two-way verbal translation (interpreting) and helping them overcome cultural barriers.”¹¹⁸

Forced witnessing is a form of sexual violence that involves forcing someone to watch the perpetration of sexual violence against another person, such as a family or community member or fellow detainee.

Gender-based violence is “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.”¹¹⁹

Guardian is “an independent person who safeguards a child’s best interests and general well-being, and to this effect complements the limited legal capacity of the child. In Italy, guardianship is voluntary and not remunerated.”¹²⁰

116 United Nations Security Council, *Conflict-related Sexual Violence: Report of the Secretary-General, S/2015/203* (March 23, 2015), para. 2.

117 cf. Sarah Solangon and Preeti Patel, “Sexual Violence Against Men in Countries Affected by Armed Conflict,” *Conflict, Security & Development* 12:4 (2012), pp. 417–442, and Sandesh Sivakumaran, “Sexual Violence Against Men in Armed Conflict,” *European Journal of International Law* 18:2 (2007), pp. 253–276.

118 Translators Without Borders, *Field Guide to Humanitarian Interpreting and Cultural Mediation* (2017), p. 4.

119 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (2015), p. 322.

120 Iolanda Genovese, “How Voluntary Guardianship for Unaccompanied Minors Took Root in Sicily,” UNICEF, February



Irregular migration refers to “movement that takes place outside the regulatory norms of the sending, transit, and receiving countries. ... From the perspective of destination countries it is entry, stay, or work in a country without the necessary authorization or documents required under immigration regulations. From the perspective of the sending country, the irregularity is for example seen in cases in which a person crosses an international boundary without a valid passport or travel document or does not fulfill the administrative requirements for leaving the country.”¹²¹

Migrant, as defined by IOM, refers to “any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.”¹²²

Rape is “physically forced or otherwise coerced penetration—even if slight—of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.”¹²³

Refugees refer to “people who have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country.” Refugees are protected under the 1951 Refugee Convention and its 1967 Protocol.¹²⁴

Sex workers and sex work include “female, male, and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work may vary in the degree to which it is ‘formal,’ or organized. ‘Sex work’ is used ... when referring exclusively to adults aged 18 years or older. When referring to those below the age of 18, including 10- to 17-year-olds, reference is made to sexual exploitation of children, in accordance with Article 34 of the Convention on the Rights of the Child, which ensures the protection of all children from all forms of sexual exploitation and sexual abuse.”¹²⁵

Sexual abuse refers to “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”¹²⁶

Sexual exploitation refers to “any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category.”¹²⁷

Sexual exploitation of children “includes the exploitative use of children in prostitution, defined under Article 2 of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000) as ‘the use of a child in sexual activities for

13, 2018, <https://blogs.unicef.org/evidence-for-action/duty-to-protect-how-voluntary-guardianship-for-unaccompanied-minors-took-root-in-sicily>.

121 IOM, *Key Migration Terms* (2011), <https://www.iom.int/key-migration-terms>.

122 Ibid.

123 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (2015), p. 322.

124 UNHCR, *What is a refugee?* <https://www.unhcr.org/what-is-a-refugee.html>.

125 World Health Organization, *Technical Brief: HIV and Young People Who Sell Sex* (2015).

126 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 322.

127 Ibid.



remuneration or any other form of consideration.”¹²⁸

Sexual violence includes “at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.’ Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.”¹²⁹

Smuggling of migrants is “the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident.”¹³⁰

Trafficking in persons is “the recruitment, transfer, or receipt of persons, by means of use of force or other forms of coercion, of abduction, of fraud, or of the abuse of power, for the purpose of exploitation.”¹³¹

Transgender describes individuals whose gender identity and/or gender expression differs from the gender they were assigned at birth.

Unaccompanied children (also called unaccompanied minors) “are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.”¹³²

Vulnerability in humanitarian contexts refers to “the conditions determined by physical, social, economic, and environmental factors or processes which increase the susceptibility of an individual, a community, assets, or systems to the impacts of hazards.”¹³³

A NOTE ON TERMINOLOGY

This study focuses on individuals who identify as men or boys or were once designated as such, including gay and bisexual men, as well as transgender men and women and third-gender persons. We acknowledge that the term “men and boys” is limiting and does not capture many persons of diverse SOGIESC who are included in the scope of the study. Transgender women, third-gender and non-binary persons, and other persons of diverse SOGIESC who were assigned a masculine gender at birth but do not identify as men or boys are included in this study because: a) violence is frequently directed against them because their gender identity or expression does not align with their assigned (masculine) gender; b) violence against them may have been experienced while they identified as men or boys; and c) some may be in the process of transitioning and their transition is not yet complete.

128 World Health Organization, *Technical Brief*.

129 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 322.

130 United Nations Office on Drugs and Crime, *United Nations Convention Against Transnational Organized Crime and the Protocols Thereto* (2003), p. 54.

131 Ibid, p. 42.

132 International Committee of the Red Cross, *Inter-agency Guiding Principles on Unaccompanied and Separated Children* (2004), p. 13.

133 United Nations Office for Disaster Risk Reduction, Terminology (December 2017), <https://www.unisdr.org/we/inform/terminology>.



APPENDIX A. METHODOLOGY AND METHODS

Primary Research Questions

1. What are the characteristics (who, where, when, how) of sexual violence against men and boys along the central Mediterranean route to Italy?
2. What is the impact of sexual violence on the survivors, their families, and their communities, including women and girls?
3. What services (medical, psychosocial, legal, and other) are available for male survivors in the four study sites in Italy?
4. What are the barriers and enablers to accessing these services?

Secondary Research Questions

5. What, if any, targeted mechanisms to protect men and boys from sexual violence are in place in the study site?
6. How does sexual violence against men and boys intersect with violence against women and girls?

Data Collection

The key informant interview and focus group discussion tools were used in Lebanon, Iraq, and Jordan in 2016 for a similar study commissioned by UNHCR undertaken by the principal investigator (Sarah Chynoweth). The tools were subsequently refined.

Four methods were employed:

- **Document review** was undertaken to identify and summarize existing data related to sexual violence against refugees and migrants along the central Mediterranean route and in Italy.
 - » Documents included published research and gray literature, including external and internal UN and NGO documents. Databases included PubMed and ProQuest, among others, supplemented with web-based searches.
- **Key informant interviews with 63 key informants** were undertaken to determine the availability of services for male survivors, identify protection interventions, and provide insights into knowledge, attitudes, and behaviors of humanitarian responders with regard to sexual violence against men and boys. In-depth, semi-structured interviews (approximately 45 minutes each) were held in person and by Skype with:
 - » 55 humanitarian responders, service providers, and cultural mediators from 26 agencies in Italy, including representatives from 15 local NGOs, six international NGOs, three UN agencies, and two government bodies;
 - » six humanitarian responders and human rights experts who had previously worked or were currently working in Libya; and
 - » five health and mental health service providers who had previously worked on search and rescue boats in the Mediterranean.¹³⁴
- **Focus group discussions (FGDs):**
 - » **10 FGDs with 52 refugees** were held in Catania, Palermo, Rome, and Syracuse to document second- and third-hand accounts of sexual violence against men and boys, gather data on community knowledge, attitudes, and behaviors related to sexual

¹³⁴ When added together, the total number is more than 63 because some key informants working in Italy had previously worked on search and rescue boats or in Libya and were included in both tallies.

violence against men and boys, and explore barriers and enablers to accessing services. Three FGDs were held with participants residing in secondary reception centers, two were held with participants residing in informal urban settlements, one with participants living in a residential clinic, one with participants living in a SPRAR, and three were held with a mix of participants living in reception centers, urban areas, and informal settlements. Discussions took approximately 45 minutes each. Each group averaged five participants. In total, researchers held:

- 3 FGDs with 16 unaccompanied adolescent boys (ages 15-17)
- 4 FGDs with 17 young men (ages 18-24)
- 1 FGD with 4 men (ages 24-40)
- 2 FGDs with 15 persons with diverse SOGIESC (ages 18+)

Given the exceptionally low number of men with disabilities within the refugee and migrant community, focus groups with this population were not convened. Focus groups with women were not convened given the low number of female refugees and migrants entering Italy and the high levels of sexual violence-related trauma within this population.

- » **2 FGDs with 10 guardians, psychologists, and reception center operators** were held in Catania and Palermo to elicit insights into the mental health impacts of sexual violence and ways to increase service uptake. Discussions took approximately 45 minutes each. Two focus groups were held with:
 - 5 guardians
 - 5 guardians, psychologists, and reception center operators
- **Observations** of reception centers, informal settlements, and service delivery points, such as health and mental health facilities, were captured in field notes.

Recruitment

Key informants were purposively selected based on their roles (e.g., technical focal points, providers serving refugees and migrants) and their agency’s mandate. Chain referral sampling, in which purposively selected informants refer other potential study participants, was used to identify additional key informants. Focus group discussion participants (refugees and migrants) were recruited by MSF, UNICEF, the Gay Center, INTERSOS, and reception center managers and were identified based on age, interest, and mental robustness.

Informed Consent

Due to the sensitive nature of this topic, only verbal consent was obtained from key informants and focus group participants. Research participants were provided with a participant information statement and consent form, which was available in Arabic, English, French, Italian, and Tigrinya.

For focus groups with unaccompanied adolescent boys (ages 15-17), consent from an institutional guardian¹³⁵ (reception center psychologist and/or social worker) was requested and received. To enable adolescents to refuse consent, several examples of refusing consent were provided before requesting consent. The voluntary nature of participation was strongly emphasized. Several times throughout the group discussion, the facilitator paused to check in with the participants to reinforce that they did not have to answer any questions and that they were free to leave at any point.

After introducing the study and requesting informed consent, two adult men declined to participate. In one adolescent focus group, three boys left in the middle of the discussion. In a number of focus

135 Articles 348 and 147 of the Italian Civil Code allow for institutional guardianship for unaccompanied minors.



groups, participants declined to answer questions related to Libya. We believe these examples reflect positively on the informed consent process.

With regard to the detailed testimonies included in the report (as reported by health providers and others), refugees and migrants consented to have their accounts publicly shared for advocacy efforts.

Referral

Localized referral points for medical and psychosocial services were documented on the back of translated participant information and consent forms. We adapted an interview distress protocol developed by Draucker et al. (2009)¹³⁶ to identify indications of distress during an interview or focus group and respond accordingly. The distress protocol outlines the actions of the interviewer if, during the course of the interview, a participant exhibits acute distress or safety concerns, or imminent danger to self or others.

Translation

Interpreters were contracted to support Italian/English translation of selected key informant interviews. Cultural mediators (interpreters) supported the translation of focus group discussions from Arabic, French, and Tigrinya to English. Cultural mediators were also present in English-language focus group discussions with refugees and migrants to support intercultural understanding and facilitate the communication process.

Analysis

Data were coded and thematically analyzed¹³⁷ using NVivo 12, a qualitative data management software.

Validity

A draft version of the report was shared with key informants for review, and their feedback was integrated accordingly.

Ethical Considerations

The University of New South Wales granted ethics approval for this study in May 2018 (HC180126). The University of Palermo's Department of Psychological, Pedagogical, and Education Services reviewed and provided written approval of the research protocol. A National Reference Group, composed of professors from the University of Naples and the University of Palermo, was established to provide insights into the local context, including ethical considerations. In addition, given the sensitivity and complexity of researching sexual violence against men and boys, a 12-member global advisory group was convened. Advisory group members include a mix of practitioners and researchers, with expertise in public health, protection, gender-based violence, child protection, and LGBTI+ issues in humanitarian contexts. Advisory group members reviewed the protocol and considered ethical concerns throughout the research process.

This study was conducted in accordance with WHO's (2007) *Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies*. Participants'

136 Claire Burke Draucker et al., "Developing Distress Protocols for Research on Sensitive Topics," *Archives of Psychiatric Nursing* 23:5 (2009), pp. 343-350.

137 Jennifer Fereday et al., "Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development," *International Journal of Qualitative Methods* 5:1 (2006), pp. 80-92.



anonymity was strictly maintained. Names of refugees who participated in this research were not requested or recorded. All quotes and inputs were anonymized. Key informants are identified only by a participant ID number on all documents; those quoted in this report were given generic professional titles to protect their identity. Electronic transcripts and typed documents related to the study are kept on a password-protected personal computer in a password-protected file. No monetary or material incentives were provided to the participants.

For adolescents, additional ethical considerations were implemented. In-country partners helped to identify reception centers that provided adequate psychological support for minors. Reception center psychologists and/or social workers were briefed in advance and again before the focus groups to ensure that they understood the nature of the study and could support adolescents after the discussion, if needed. A psychologist and/or institutional guardian was present during all adolescent FGDs. No focus groups were held with minors residing in informal settlements or in otherwise unstable or unsupported conditions. Adolescents who exhibited signs of emotional fragility, as determined by the psychologist and/or institutional guardian, were excluded. As noted above, several examples of refusing consent were provided before requesting consent. The voluntary nature of the discussions was emphasized and the ability to skip questions or leave the focus group was repeatedly underscored throughout the discussions.

This is an exploratory study designed to elicit insights into sexual violence against refugee and migrant men and boys in order to inform humanitarian practice. The aim is not to document human rights abuses for legal accountability purposes. Individual interviews with male survivors were not deemed necessary or ethical, particularly given the violence and loss that many refugees and migrants have recently suffered, in accordance with WHO recommendations. The documentation of second- and third-hand accounts were sufficient to achieve the research aims. However, some refugee and migrant research participants spontaneously disclosed victimization during focus group discussions.

A summary of the findings, as well as an adolescent-friendly summary, will be translated into Italian and shared with local service providers, refugees, and migrants.

Limitations

This study faced a number of limitations. Sampling of focus group participants was non-representative. Translation error is a possibility. Focus groups with refugees and migrants residing in first-line reception centers, former detainees within the Italian prison system, transgender persons, and adult male sex workers were not undertaken due to inability to access these populations; their contributions would have elicited further insights. A fire broke out in a reception center at the onset of an FGD, forcing the cancellation of two FGDs and thus limiting the number of refugee and migrant research participants.



APPENDIX B. ENABLING DISCLOSURE AND ACCESS TO SERVICES FOR MALE REFUGEE AND MIGRANT SURVIVORS: INSIGHTS FROM RESEARCH PARTICIPANTS

Insights from refugee and migrant men and boys

"A hospital [or health clinic] is the first and only place he [a male survivor] would go."

"Trust is the most important thing. We don't want to talk about this in front of others, maybe I don't like this other person in the group. I don't want to say this in front of him. But one on one with someone I trust is OK."

"They [male survivors] don't want to talk about it. It's better to put up signs about the issue so people know that it is a problem and that they can get help. But they don't want to say the words, they just want to know where to go to get help."

"Maybe you would go to the doctor if there is stress in the body or some infection. But if they don't ask [about sexual violence], then you can't give an answer."

"They need a psychologist who can help them communicate."

"If people treat you like a human being with dignity and support, you can recover."

"Being able to go to school and having papers so you can live like a normal person and you don't have to hide [would help a survivor]."

"There are lots of people who are in the situation you have been talking about [boys who have experienced sexual violence], they need school and jobs. Some people don't have the opportunity for this."

[Nigerian man] "It's helpful to talk to someone. It makes you feel at ease. They can give you advice and encourage you. ... It's not helpful to talk to Africans. They won't feel open and soft. They went through it, too, and they won't give you any sympathy. They have to be tough."

"We have someone here in the center and you can talk to him. He is understanding—when you talk to him, he gives you more confidence to talk, he keeps your secret. We need more people like him."

Insights from providers working with male survivors

"Boys find creative ways to express sexual abuse, they don't say, 'I was a victim.' Like one boy from Guinea explained how he had been a slave and that one owner 'had been kind to me.' It is another way of saying he was sexually abused."

"For boys, disclosure of sexual violence is very rare. It is usually part of a general narrative of experience and implied."

"It's important to create a safe, trusting environment to give boys the safety and freedom to discuss when and how to disclose. Each has their own way."

"We found that a lot of the time male survivors are likely to come forward because of STIs or fear thereof."



“[Promoting availability of] PEP [post-exposure prophylaxis to minimize HIV transmission] could be a good hook to get men to come forward.”

“A medical issue is the point of entry with men. We see this in Libya—they cannot deal with the medical problem, so they will ask for help. That is the only point of entry with men. If there is no medical issue, most stay silent. After care, they don’t want to be followed up.”

“Back pain is a big sign for men talking about sexual violence.”

“The doctor examined him and saw that he had scars and pelvic pain. She asked him how it happened and he was able to tell her. He passed through the body, not thinking about the experience. It was more focused on the physical. When we do it through psychology, it takes a lot more time. We don’t look directly and the patient might not be ready to tell what is going on in the psychological session. But he could be ready in a medical setting and for that kind of approach.”

“When you see it on the body, it’s easier. They can tell you about violence with physical marks.”

“Men were more open than I would have expected. Just acknowledging that such sexual violence happens to men, how hard the journey is, helps them open up.”

“We should talk to the women. I’ve had patients, women, who said, ‘Look, talk to my husband, something happened to him, too.’ Once you build up trust with the women, they will tell you to talk to the husband.”

“Communities that would in their home community have massive stigma and shame and never talk about it—I did feel they were exposed to such massive levels of it in Libya and transit countries that they were a bit more open weren’t as hesitant. [Men and boys] were more willing to talk because everyone is exposed.”

“We need to give more information about the issue, particularly in the reception centers, and not wait for them to come to us. This could inform migrants that what happened to them is not something to be ashamed of and not unusual, on the contrary. And that we can help them.”

“It’s difficult to disclose in the settlements where people are there for a long time. They are a community. In [temporary] settlements it is easier because it is transitory. People are only there for a few weeks, so they disclose violence more.”

“I identified survivors via selective screening—by identifying vulnerable groups like people who were held in captivity for long periods of time or unaccompanied minors. I would tell them about what we have heard from other men and boys in their circumstances, including sexual violence. It gives them a chance to open up.”

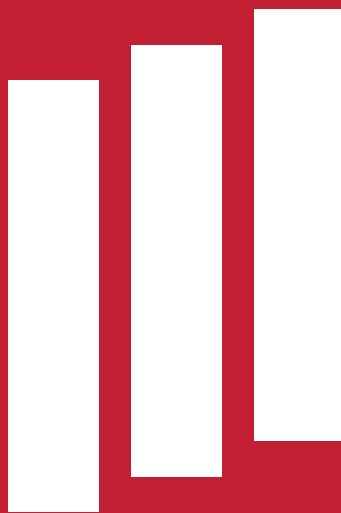
“This idea that ‘it’s always hard for man to disclose to a woman about violence’—it really depends; you have to give the man the option of talking to a woman or a man. It’s very much an individual preference. The main thing is you need to be trained how to receive the disclosure.”

“It depends on how you create the first moment. How good you are at psychological first aid. There needs to be a good, safe setting where you can talk and listen. Then it comes out.”

“Each person has a different response. Usually people do speak about their sexual violence, but it takes time. Sometimes it’s very important to listen in silence. The best response is silence.”

“Silence is very important when talking to a survivor. This insignificant thing is actually everything.”





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