

## **Interview: “We know little, too little”**

### *Mental health of male survivors of sexual violence in Afghanistan*

All Survivors Project (ASP) has recently conducted research on sexual violence against men and boys in Afghanistan, which shows that serious mental health needs of survivors remain unaddressed. Today, on World Mental Health Day we ask Dr Peter Ventevogel, UNHCR Senior Mental Health Officer, his view on challenges to researching and responding to mental health needs of male survivors of sexual violence in conflict and displacement settings.

**Peter Ventevogel, M.D., Ph.D.**, is a psychiatrist and a medical anthropologist. Since 2013 he is the Senior Mental Health Officer with UNHCR, the refugee agency of the United Nations. He has worked in humanitarian contexts since 2002.



**ASP research on sexual violence against men and boys in Afghanistan indicates that survivors often suffer from major psychological consequences of violence. What are some of the most common mental health impacts of sexual violence on men and boys, including children and adolescents, in conflict and emergency settings?**

Experiences of sexual violence deeply affect the wellbeing of the persons concerned. In general, potentially traumatic events lead only in a minority of cases to lasting and severe mental health conditions. But some experiences are known to have a very strong impact and much more often to lead to problems: sexual violence and torture. Such experiences violate the integrity of the body and deeply impact the victims/survivors. Most research among sexualized violence in humanitarian settings is done with female survivors, and the humanitarian community has been slow to realize the magnitude and impact of sexual violence on women and girls. We know little, too little, about the psychological consequences of sexual violence on men and boys in humanitarian settings, but we can expect these to be profound.

**Our Afghanistan research also shows that survivors often face considerable barriers to accessing adequate care. What are, in your experience, the main reasons why survivors are prevented from accessing mental health and psychosocial support (MHPSS) services?**

Well, before we talk about accessibility we need to talk about *availability* of care. In Afghanistan and many other humanitarian settings, the lack of mental health and psychosocial care is enormous. If services are not present, people cannot access them. With some mental health issues, we know that communities have their own ways of providing effective emotional support. For survivors of sexual violence that is complicated, because of the strong negative perceptions. Many, presumably most survivors will not share with others what has happened to them because people will not easily understand that a man or boy has been sexually

violated. It has a lot to do with issues around masculinity. A sexual assault on a man or adolescent boy is often an attack on his male identity.

On top of that, we know the available services are often not tailored to the needs of men and boys.

Slowly, we see how mental health is becoming a regular part of general primary care services in humanitarian settings. Within UNHCR, I have been promoting that and we now see that many refugee health clinics have their staff trained in identification and management of priority mental health conditions. While this can undoubtedly also benefit male survivors of sexual violence, it is unlikely to be able to holistically address their needs. I am afraid very few men and boys – or women and girls - will feel safe enough to disclose their experiences in a crowded primary health care

clinic with limited privacy and where health care staff only have limited time per patient. Moreover, only few health services have dedicated mental health counsellors. I believe it would really help if there were more of them. They will need to be well trained of course and in the training of psychosocial or mental health counsellors sexual violence against men needs to be made a part of the curriculum.

And there are of course dedicated services for women and girls who are SGBV (sexual and gender-based violence) survivors. Still, this is too little, given the enormous magnitude of violence against women and girls in humanitarian settings. Effective SGBV programmes are often integrated within other activities for women and girls. This makes it easier for survivors to seek help and to receive support without disclosing as survivors. But for male survivors such SGBV response services are more difficult to access because of the strong links they usually have with women empowerment activities and with reproductive health services, often addressed to women and girls.



**Are people who access mental health services stigmatised in Afghanistan and other countries, and how can interventions address the stigma that is associated with accessing mental health care? Do you remember any positive examples you have come across in emergency or conflict settings?**

Formal mental health services are almost invariably surrounded by negative prejudices. Many people believe that seeking mental health care means you are crazy. There is no simple way to address the stigma around mental health. I believe it is important to have local champions for mental health: people with local or national influence who are respected in their communities. If such people spoke out and were open about mental health struggles in their own lives, or in their own families, that would really help. I believe it is powerful when men speak out. Men are less inclined than women to seek counselling. We see in most of the humanitarian settings where we work that men less often access services for treatment of depression, anxiety or posttraumatic stress disorder.

**What are some of the main issues around MHPSS responses to sexual violence that in your opinion need further research or deeper understanding?**

I am not an academic researcher but a pragmatic policy maker. So, I would like to see more operational research. How can mental health services be more tailored to the need of male survivors of sexual violence. That means that the researcher needs to engage with communities and with survivors to see what can best be done within local contexts. We can learn a lot from the effects of psychotherapy with male survivors of sexual violence in high income countries, but that knowledge is not always directly applicable in the contexts where we work. That is where research should focus on.

**What important issues should research organisations such as ASP reflect on and build in their work while working with survivors suffering from multiple and complex trauma?**

We can learn much from experiences from non-humanitarian settings and from work with women and girls who have experienced SGBV in conflict settings. From that impressive body of work, we know that we shall not look for a single simple answer to such complex problems. So, I believe that the ultimate goal needs to be a system of stepped care with multiple layers of intervention: increase awareness and empathy in communities about the devastating impact of sexual violence on men and boys, and take steps to make it more easy and feasible for survivors to seek help. Second, to train people who are entry points (like health workers in primary care centres) to be alert to signs of sexual violence experience. And third, to refer to more dedicated mental health workers. When I say dedicated workers, I do not necessarily mean psychiatrists or clinical psychologists. I mainly refer to community-based psychosocial workers, who have had training and support in helping men and boys who experiences sexual violence. There is a long way to go. But I see signs of increasing awareness. For example, this week I attended a major international conference on ‘mental health in crisis settings’ in Amsterdam ([www.mhpss2019.nl](http://www.mhpss2019.nl)). One of the recommendations of the conference was to do more to “Ensure provision of mental health and psychosocial support for female and male victims/survivors of gender-based violence and ensure that these take into account gender vulnerabilities”. The conference was attended by many policy makers such as ministers, financial donors, UN agencies etc., and it is a sign of hope that the issue of mental health of male survivors come out of the shadows, at last.