

Biology Was Constructed, Not Discovered: Gendered Bodies and the Biases in Medical Response to Sexual Violence Against Men in War

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Abstract

The existing literature on sexual violence in war overwhelmingly limits itself to the discourse of women as victims and men as perpetrators. The silence that surrounds sexual violence against men is not only present in academic scholarship but also, and more importantly, in the medical response to those victims. Bridging the biological and the social understandings of the male body is thus warranted. I argue that a bias in the medical field, derived from biological determinism, has distorted our understanding of sexual violence against men, and that this effect is most prevalent in war. Firstly, I scrutinise and challenge scientific arguments that support two of the main lines along which the male body has been constructed: sexual drive and aggressiveness/violence. By contextualising these biological constructions within the historical frames from which they have emerged, and by reading them through the lens of feminist scholarship on science, I make these biases visible and question scientific claims to objectivity. Secondly, I exemplify my observations through the case of the war in former Yugoslavia. The medical responses on the ground were almost exclusively aimed at female victims. While only four doctors treated male victims of sexual violence, the number of cases was estimated at 4,000. In sum, I demonstrate the importance of an interdisciplinary approach, which enables me to explain where “social stigma” might come from, otherwise used as a final answer to those questions. This dissertation also highlights the necessity of gender and feminist studies to move beyond the “woman question”, which does not challenge the very roots of gender inequality but instead moves within the misleading sex and gender dichotomy.

Introduction: A “well-hidden fact”

If victims of sexual violence in war have long been considered the disregarded casualties, *male* victims remain taboo, neglected, or even implausible.¹ It is a “well-hidden fact” for a great number of reasons including the slowness of institutions to recognise their very existence.² For a general tableau, Sandesh Sivakumaran’s 2007 article “Sexual Violence Against Men in Armed Conflict” sadly remains one of few forays into the topic worth reading within the Anglophone literature. In a passage, he wrote:

Men are not seen as being as susceptible to sexual violence as women; hence medical workers may not pay as much attention to detecting signs of sexual violence as they otherwise might. Further, unlike in the case of sexual violence against women, medical workers may not be trained to look for signs of sexual abuse of men. Those that are, and do, may focus on male rape to the exclusion of other forms of male sexual violence due to their familiarity with female sexual violence, which often takes the form of rape.³

Why medical workers? This is the only passage in his paper where Sivakumaran mentions the medical aspect. This intriguing point has rippled in subsequent articles by other authors, but remains woefully underdeveloped.⁴ A plausible reason for experts to have refrained from digging into this specific angle is its interdisciplinary nature. The arbitrary and rigid compartmentalisation of academia results in a scarce number of proficient researchers who resort to such creative and risky means to answer a common question.⁵ Especially in bridging the “hard” sciences and the humanities.

Resulting from this academic fragmentation, the existing literature has widely accepted “social stigma” as an explanation for the under-representation of sexual violence against men in war.⁶ “Social stigma” is an all-encompassing, and arguably vague, term for any social idea about gender and consequent individual behaviour. Indeed, medical workers are first and foremost socialised beings, within a gendered environment. Yet I find this unsatisfactory. The existing literature generally accepts social stigma as the ultimate explanatory variable, without assessing its underlying assumptions. This is a crucial issue because medical personnel are the first avenue for victims,⁷ so their understanding of gender and sexual violence has direct consequences for the patients. Moreover, this gendered nature of health care is exacerbated in conflict,⁸ justifying a focus on war. Allow me to clarify some key terms. Definitions are important because they infer who can be victims and who can be perpetrators.⁹ I define sexual violence as physical violence which (1) inflicts severe physical and/or mental suffering and (2) is carried out through sexual means, targeting sexuality or reproductive body parts, in the form of, for example, beating, mutilation, rape, or electrocution.¹⁰ Sexual violence is important to understand gender and war. It is one of the most explicit and extreme forms of gender-based violence, and targets the very bodily elements that provide the biological basis for gender roles, and thus challenges this identity altogether. “Science”

¹ See Mezey and King 2000:v, Russell 2007 and Gopsill 2014 respectively

² Donnelly and Kenyon 1996, Oosterhoff et al. 2004:68. The phrase “well-hidden fact” is from Žarkov 2007:69

³ Sivakumaran 2007:256

⁴ For example in Lewis 2009:9, Solangon and Patel 2012:423, Vermeulen 2011:unpaginated

⁵ Bruhn 2000

⁶ For example Olujic 1998

⁷ Oosterhoff, Zwanikken and Ketting 2004:73

⁸ Byrne, Marcus and Powers-Stevens 1996, Palmer, Lush and Zwi 1999, Vlassoff and Moreno 2002:1715

⁹ Charli Carpenter 2006:86, Jelke Boesten during her talk, see Boesten et al. 2015

¹⁰ This constitutes in no way an exhaustive list. No list exists; neither would it be desirable to create one.

will here exclusively refer to natural sciences: the study of the physical and natural world through observation and experiment. Biology is a branch of natural sciences, studying and theorising life and living organisms, including their growth, evolution, structure and function.

If Sandesh Sivakumaran's few sentences were to be expanded upon, what would they say? Or put it differently, what is this bias, where does it come from, and what does it mean for male victims of sexual violence? I argue that a bias in the medical field, derived from biological determinism, has distorted our understanding of sexual violence against men, and that this effect is most prevalent in war. My methodology consists of contextualising the biological constructions of the male body, through the lens of the feminist literature on science, in order to make the biases visible. Firstly, I show that particular assumptions about gender have been interwoven in the production of biological sexes, where "sex" is the body and "gender" the social identity. Specifically, sexual drive and aggressiveness/violence,¹¹ considered essential masculine attributes in the 19th and 20th centuries, have been translated into biological components of male bodies. Through science's claims to objectivity, this biological knowledge was produced as "truth": that men are physically primed to be the perpetrators of sexual violence and women the victims, creating a binary opposition. Secondly, I show that this "truth" about male bodies is exacerbated in war and has tangible consequences. The War in former Yugoslavia shows that the overwhelming medical response from international organisations has been one of denial. Yet cases of men as victims of sexual violence are not exceptional. Rather, they collectively demonstrate the extent to which this "truth" needs to be actively challenged. The War in former Yugoslavia is particularly evocative. It is part of European contemporary history and reminds us that sexual violence in war does not only happen in faraway post-colonial lands. Almost 50% of studies on sexual violence in war look at the Eastern Democratic Republic of Congo.¹² In contrast, the publications which address sexual violence against men in the Yugoslav wars can be counted on one hand. This doesn't do justice to the victims, to the representativeness of the issue, and it misses out on important lessons to be learnt.

Why focus on men? For two reasons. Firstly because critical feminist approaches have long challenged the androcentric nature of science,¹³ without necessarily asking how the model might present a *particular* kind of masculinity, which can be harmful for men as well. Secondly the vast majority of the literature on sexual violence in war considers female victims *exclusively*.¹⁴ The argument that women and girls constitute the large majority of victims does not hold. Not only are male victims widely underestimated, it is also morally questionable to create a hierarchy of suffering. In sum, this paper shows that bringing a biological background into the study of gender and war demonstrates the need for a more flexible understanding of sex and gender. Yet the importance of this study does not make it devoid of limitations. In my sources, I include those that look at sexual violence against men outside of war because wartime sexual violence highlights pre-existing sociocultural dynamics.¹⁵ Another issue that the reader may raise is the unreliable nature of data. With figures putting the percentage of male victims between 0 and 76%,¹⁶ estimating prevalence is difficult. Since this study focuses on the medical approach to gender and sexual violence, however, this gap does not compromise the research. Finally, while the language used may at times be disturbing, it is important for words to be placed on atrocities which have been experienced, in order to make sense of what they mean.

¹¹ I consider aggressiveness/violence together because behavioural experiments often link them up even though the terms have very different meanings, as will be explained further.

¹² Ratnayake et al. 2014:3

¹³ Harding 1986:9

¹⁴ See for example Amnesty International 1993, 2012, Bourke 2007, Brownmiller 1975, Carr 1993, Seifert 1996, Stiglmayer 1994

¹⁵ Olujic 1998:31, Boesten et al. 2015

¹⁶ van Tienhoven 1992:2, Pino and Meier 1999

Section 1: Scientific approaches to sex and gender

Unfortunately, there is...a troublesome antipathy of modern society, including many feminists, to science and scientific discourse.¹

Feminist scholarship has been criticised for approaching sexual violence from a highly politicised perspective (read: “ignorant” and “naïve”).² The works of Anne Fausto-Sterling, Ruth Hubbard, Donna Haraway, Sandra Harding, Evelyn Fox Keller, Helen Longino, Nancy Tuana, and Lynda Birke – to name a few – give lie to this claim. In contrast to the feminist literature, professionals from the natural sciences seem to claim objectivity, based on the scientific nature of their works. As expressed by Hilary Rose, “in Anglophone culture the concept of *science* works to prioritize knowledge of the physical world relegating the social sciences and the humanities culturally and politically to a *less important space*”.³ For Randy Thornhill and Craig Palmer, social scientists have “empirically erroneous, even mythological, ideas about human development, behaviour, and psychology....The literature it has produced is largely political rather than scientific”.⁴ While strongly disagreeing with their essentialism, I agree that the existing literature rarely embraces a multidisciplinary approach.⁵ As exemplified by Sivakumaran, a small circle of thinkers and literatures which quote and refer to each other proves reductive.

Broadening and diversifying the discussion, I organise this section in three parts. First, I briefly explain the content and inherent problems of scientific arguments, based on evolutionary theory, according to which men have a biological propensity for a strong sexual drive (epitomised in rape). Secondly, I analyse the language via which gender roles are ascribed to elements of the body like cells and hormones. The vocabulary in biology mirrors and reinforces the construction of masculinity as a source of sexual behaviour, aggressiveness and violence. These two sections will address why “men are not seen as being as susceptible to sexual violence as women”.⁶ I thirdly draw the link between biological theory and medical practice to explain why “medical workers might not pay as much attention to detecting signs of sexual violence... [and] may not be trained to look for signs of sexual abuse of men”.⁷ Due to space constraint, I will here assume that the reader has some knowledge of biology. I argue that scientific “facts” about masculinity have been imbued with context-specific ideas about gender.⁸ Therefore medical workers are not only socialised within the gender binary, but they also rely on and reinforce it through medical practice. This approach to the sciences has yet to be applied to sexual violence in war.⁹

¹ Patricia Gowaty quoted in Thornhill and Palmer 2000:xi

² Paglia 1993, Thornhill and Palmer 2000

³ Rose 1997:16, my emphasis

⁴ Thornhill and Palmer 2000:xiii. Randy Thornhill is a biologist and Craig Palmer an anthropologist. Both are self-claimed evolutionists.

⁵ Jones 1999 raised similar concerns, though the journal *Social Science and Medicine* is an excellent, but rare, counterexample.

⁶ Sivakumaran 2007:256

⁷ *Ibid.*

⁸ Evelyn Fox Keller calls this the gender/science system, where particular ideas about femininity and masculinity influence scientific constructions. Keller 1989

⁹ This methodology can itself be historically framed. Since the Kuhnian revolution, the enterprise of demystifying the objectivity of science and placing medical knowledge back into historical contexts has exploded. In publishing *The Structure of Scientific Revolutions* in 1962, Thomas Kuhn replaced the then-

1) Evolutionary theory and masculine sexual behaviour

*Let us now consider man in the free spirit of natural history, as though we were zoologists from another planet completing a catalog of social species on earth*¹⁰

Randy Thornhill and Craig Palmer are (in)famous for *A Natural History of Rape*, their book based on Darwinism. The book considers sexual violence and rape as synonymous; therefore it only addresses part of my topic. However, it is useful in providing the intellectual framework of their reasoning. When Darwin wrote about natural selection as a “daily and hourly scrutinizing...rejecting that which is *bad*, preserving and adding up all that is *good*”,¹¹ Thornhill and Palmer understand “good” and “bad” here to have no moral value but to refer to the degree of “reproductive success”.¹² In other words, the elements perpetuated within species are those that increase the ability of an organism to reproduce. Since this idea dictates the very existence of an organism, so begins the reproduction-centric theory of individuals. The premise of the book’s argument is that males can biologically reproduce with less energy, less resources and more frequently than females. Thus, they would be less discriminating in choosing a partner and more eager to copulate. For Thornhill and Palmer, these are “scientific facts” based on “knowledge about evolution”.¹³ Because of this, females can choose among males who compete for access to them. “But getting chosen is not the only way to gain sexual access to females. In rape, the male circumvents the female’s choice”.¹⁴ Therefore, the very reproductive characteristics of bodies predicate their social interactions, regardless of the context. However the writing of *On the Origin of Species*, in 1859, coincides with a historical period when sexuality was confined, in its discourse, to reproductive functions exclusively.¹⁵ This is a likely explanation of this reproductive angle, prominent in the Darwinist-influenced works, but wholeheartedly ignored by their writers who make universal claims. In fact Thornhill and Palmer believe their works have been criticised by social scientists *because* their findings were so general.¹⁶

Ideas about male behaviour with regards to reproduction are not always so direct. Many make their case via experiments on animals: scorpionflies in the case of Randy Thornhill,¹⁷ and mallard ducks for David Barash.¹⁸ Criticisms ranged from methodological flaws to inadequate data.¹⁹ Though the most disqualifying flaw is the absence of an explanation as to how this relates to humans. There is thus no notion of *consent*, which is difficult to demonstrate in the case of scorpionflies or mallard ducks, but which feminist activists have very much insisted on when talking about rape. While Thornhill and Barash admit some social complexity among humans, both authors draw conclusions from the scorpionflies and mallard ducks to men and women’s biological

prevalent idea that social factors impede or facilitate the emergence of discovery could not affect the *content* of knowledge, advanced by Robert King Merton (1957). In contrast, Kuhn insisted that the product of scientific research should also be an object of social enquiry. Few publications have had such a ground-breaking influence. Armstrong 1994:18, Duran 1998, Jewson 1976, Kuhn 2012, Latour 1988, Smith-Rosenberg 2014:15.

¹⁰ E.O. Wilson opening the final chapter of his *Sociobiology: The New Synthesis*, quoted in Hubbard 1989:126

¹¹ From *On the Origin of Species*, quoted in Thornhill and Palmer 2000:5, my emphasis

¹² Thornhill and Palmer 2000:5

¹³ *Ibid.* xiii

¹⁴ *Ibid.* 53

¹⁵ Foucault 1994:12

¹⁶ Thornhill and Palmer 2000:15-16. While this is partly true, it underplays the criticisms by social scientists that point out methodological flaws, logical gaps and other compromising observations that I lay out below.

¹⁷ Thornhill 1980

¹⁸ Barash 1977

¹⁹ Fausto-Sterling 1985:190, Hailman 1978, McKinney, Barrett and Derrickson 1978

predisposition to rape.²⁰ This logical leap is not unique. Throughout *A Natural History of Rape*, Thornhill and Palmer do not explain the link between a particular behaviour (rape) and biology. Relying on the Darwinist principle of evolution, Thornhill and Palmer take it for granted that this particular behaviour is the phenotype of a certain genotype.²¹ While this might sound far-fetched, in listing the proximate causes of rape, Thornhill and Palmer maintain that the first is “genes”.²² No further experiment is attempted to demonstrate the existence of this gene or to localise it. “Do these sons [from forced copulation] also rape while those of “nonrapist” males do not?”, asks Fausto-Sterling.²³ While making the theory more tangible, the undertaking would probably be a waste of time, since the book wholly ignores George Williams’ influential *Adaptation and Natural Selection*. Williams famously stated in 1966 that “adaptation is a special and onerous concept that should be used only when it is really necessary”.²⁴ In other words, behaviours are not necessarily adaptive, regardless of their prominence (take the example of smoking). One cannot simply take a phenomenon and ascribe to it an evolutionary role, especially if it is uncommon. Undeniably, the study has also received weak criticisms like asking why there are more men who do not rape or why the prevalence varies so hugely with context.²⁵ Thornhill and Palmer are not advocating for a fully deterministic view, and are well aware of the complex intersection of factors that affect behaviour. Nonetheless, they confuse their levels of analysis. From certain observations on the scale of populations, or animal species, they draw conclusions to individuals and their genetic compositions without explaining how each of those loci can be bridged, but claiming scientific objectivity throughout.

These debates are important because they demonstrate the extent to which social ideas about sexuality and masculine behaviour influence empirical research. All the criticisms should not suggest to the reader that these evolutionary studies have been proven wrong and forgotten. Instead, they are still widely used and cited in the scholarship on sexual violence, and led to further publications. Thornhill and Barash are considered leading researchers on biology and rape, their case studies being frequently cited in publications well beyond their field.²⁶ There were legal debates in the U.S. regarding whether laws on sexual violence should reflect such “facts”.²⁷ It even inspired a book in response, by Cheryl Brown Travis, which itself greatly gained in prominence.²⁸ These studies about rape reflect popular ideas about men as perpetrators and women as victims of sexual violence, while also giving them ground. Although the evolutionary take seems to focus on the *sexual* element, with a blithering omission of the *violence*. While rape and sexual violence are not synonymous, the two are often collated and interchangeable in the literature, particularly the medical one.²⁹ Thus, the ideas about one easily transfer to the other. This idea about roles in sexuality is historically, rather than scientifically, specific as demonstrated by the brief history of gendering hormones.³⁰

²⁰ Barash 1977:187, 1979:54, Thornhill 1980:58, Thornhill and Thornhill 1983:137

²¹ In an organism, the genotype is its full hereditary information and the phenotype is its actual observed properties.

²² Thornhill and Palmer 2000:20-28,82,153,176,191 *et passim*.

²³ Fausto-Sterling 1985:190-191

²⁴ Williams 1996:4

²⁵ De Waal 2000 and Seifert 1996:36, respectively

²⁶ Bourke 2007, Fausto-Sterling 1985, Jones 1999:830

²⁷ Jones 1999 provides a good introduction, see also the special issues of *Jurimetic* on the topic, Volume 39, issues 2 and 3

²⁸ Brown Travis 2003

²⁹ Fernandez 2011:598

³⁰ See also Foucault 1994 and Laqueur 1992

2) Gendering hormones and the justifications for aggressiveness and violence

*The dangers threatening modern science cannot be averted by more and more experimenting, for our complicated experiments have no longer to do with nature in her own right, but with nature changed and transformed by our own cognitive activity.*³¹

The biological construction of men does not only plant the seeds for a gendered sexual inclination. It also provides the anatomical basis for the gender hierarchy, from the very foundation of the human body. The language used by embryologists makes this clear. Since the 1920s it is understood that a single embryonic primordium is indifferent during foetal development, and can give rise to either an ovary or a testis. How is it determined? According to geneticists, differentiation is made by the Y chromosome gene called “sex-determining gene on the Y chromosome” or SDY, but widely referred to the *Master Sex Determining gene*.³² A male is formed in its *presence*, in its *absence* a female.³³ This type of linguistic active/passive gender binary is present throughout. As the SDY gene is expressed, the indifferent gonad becomes a functional testis, and it synthesises a hormone. Again, the name of the hormone is revealing: the Müllerian *Inhibiting Substance* (MIS), also known as the *Anti-Müllerian Hormone*. It suppresses the development of female-specific organs “which otherwise lie in wait ready to unveil their feminine presence”.³⁴ In fact, this narrative continues throughout the entire process of the embryo’s development. The psychologist John Money called it “The Adam Principle – adding something to make a male” and wrote an entire book about it.³⁵ For Anne Fausto-Sterling, this is extremely important because the medical knowledge transferred in texts reproduces this neat little scheme, suggesting a literal explanation of scientific accuracy. But scientists neglect to indicate how, at each step, they “have woven into the fabric their own deeply social preexisting understandings of what it means to be male or female”.³⁶ Thus beginning a panoply of scientific accounts in which the social understanding of gender becomes embedded in the biological construction of sex, well beyond the embryo. In *The Evolution of Sex*, the first popular treatise on sexual physiology, Patrick Geddes and J. Arthur Thompson explained that males were constituted of catabolic cells, which put out energy, while “female cells” are anabolic, as they store up and conserve energy, hence their psychological and social behaviour.³⁷

Pushed further, this active/passive logic works in parallel with ideas about aggressiveness and violence. “We are assuming,” wrote Steven Goldberg in 1973, “that there are no differences between men and women except on the hormonal system that renders the man more aggressive”.³⁸ Specifically, Goldberg referred to sex hormones, the chemical transmitters that travel through bloodstreams produced by the gonads. The concept of hormones was coined in 1905, from which point endocrinology became well established in the 1920s and 1930s. However, sex hormones only drew wide public attention in the 1970s, just when debates about women’s inclusion in formerly-men-exclusive settings, *especially* the army, came to the forefront of European and American public debates. This is perhaps too convenient a coincidence, given that arguments based on the masculine “natural” aggressiveness and propensity for violence were used to counter the proposition of

³¹ Heisenberg quoted in Heller 1959:33

³² For example Page et al. 1987

³³ Fausto-Sterling 1997:220

³⁴ Fausto-Sterling 1997:221. The name is from the Müllerian ducts which develop to form the uterine tubes, uterus, cervix, and the upper one-third of the vagina in the embryo.

³⁵ Money 1992

³⁶ Fausto-Sterling 1997:220

³⁷ Geddes and Thompson 1908:266,286-291 and 1914:77-80

³⁸ Quoted in Fausto-Sterling 1985:123

women joining the ranks.³⁹ “Male hormones” in fact justified both gender roles in war, and the very existence of modern warfare.⁴⁰ Also, sexual drive and aggressiveness/violence are traits which have long been associated with warriors, a supposed expression of hyper-masculinity. This kind of masculinity is intrinsic to the very idea of the military and essential to war.⁴¹

Following studies on rats, those on people were carried out between the 1970s until today.⁴² These studies have all been heavily criticised along two lines: that of attributing behaviours to specific genders, and of relying on an nonexistent binary. In addition to concerns on correlation and causation,⁴³ feminist biologists have objected to gendering hormones. Up until the 1920s, the terms “male hormone” and “female hormone” were widely used, following the belief that they respectively made boys into men, and girls into women. In 1928 however, scientists realised that “female hormones” were present in male bodies, and vice versa, with fluctuating levels too.⁴⁴ Thus, they weren’t sex-specific. In fact, they aren’t “sex-specific” at all, in the sense that they affect bones, liver, brain, lungs, and many other body parts. How to name these chemical substances while remaining within a simple framework translatable to research laboratories, pharmaceutical companies, and doctors? Following two conferences on “The Standardization of Sex Hormones”, summoning an international group of gynaecologists and physiologists, the *Quarterly Cumulative Index Medicus* introduced the terms androgens (meaning “to build a man”) and oestrogens (in relation to the female cycle), and within a few years these had taken hold.⁴⁵ These names, plus “female” and “male sex hormone”, are still used to this day, and so remain the connotations of testosterone (a type of androgen) as masculine and oestrogen as feminine.⁴⁶ So sticking to the binary was not just a conscious design in harmony with the pre-existing idea of a sexual duality located in the gonads, but also a way to make hormones intelligible within a social context.⁴⁷ This binary assumption, then, is a social projection of endocrinologists to assert a qualitative difference in those sex hormones, *even though they knew it was not biologically accurate*.⁴⁸ Because gender has been intricately entwined in the sex hormones’ conceptual framework, we cannot simply pull them apart and it has become extremely difficult to understand their possible effects *outside* of binary categories. Some scientists have even resisted the implications of new experiments contradicting the idea of uniqueness of male and female hormones.⁴⁹

³⁹ For example in the US, George Gilder in the Reagan Administration was inspired by these new empirical studies and wrote “The hard evidence is overwhelming that men are more aggressive, competitive, risk-taking...[and] more combative than women” 1979:44

⁴⁰ Barash 1979:170-171,189-193, Fausto-Sterling 1985:125

⁴¹ Belkin 2012, Goldstein 2001, Seifert 1996

⁴² Initially Ehrenkranz, Bliss and Sheard 1974, Kling 1975. Five other popular studies are reviewed in Fausto-Sterling 1985:128. More recent experiments include Archer 2006, Mazur 2006, 2009, Raine 2002:321

⁴³ Raine 2002:321, Rose 1975, Rose, Gordon and Bernstein 1972

⁴⁴ Birke 2000:595

⁴⁵ Fausto-Sterling 2000s:191. The First Conference on Standardization of Sex Hormones was held in 1932 and the Second in 1935, both in London under the auspices of the Health Organization of the League of Nations.

⁴⁶ Beers 2003:1343, Kessler and McKenna 1978:74, Patton 2013. The etymology of “testosterone” is composed of “testis” (meaning virility), with “sterone” (a blend of sterol and ketone).

⁴⁷ Fausto-Sterling 2000a:148, Oudshoorn 1994:23

⁴⁸ Fausto-Sterling 2000a:189

⁴⁹ Birke 2000:593, Eagly 1995, Fausto-Sterling 2000a:179,191

3) Language, scientific studies and applied medicine

*Instead of an ars erotica, our civilisation has developed a scientia sexualis.*⁵⁰

The usages of language like *absence* and *presence*, *androgen* and *oestrogen*, means very little, the critic might say. "Science is not just words", and indeed habits and practices are important too.⁵¹ But these are constructed through language, I argue. Language is the core unit of analysis, both reflecting and conveying ideas about gender. Moreover, it also places science to an unquestionable position. Quoting Nietzsche, "science is in power, God is dead",⁵² the great linguist Luce Irigaray argues that science is being held to a position of omniscience. Since "facts speak for themselves",⁵³ discussion is made very difficult for the critic. Therefore we are faced with two elements. Firstly, the very nature of scientific research aims to create an ideal model, purely and simply objective, but also fictive. Secondly, the created man and woman ideals are a product of social ideas about men and women, imbedded in biological "facts". This in turn, has consequences for medicine, in the way it is conceptualised, taught, and practiced.⁵⁴ The gendered ideas about the body are directly transposed into medical texts and illustrations, used for research and teaching, in Europe, North America, and beyond.⁵⁵ For example the most widely used medicine handbook, the Merck Manual, states that "male sex hormones", which include testosterone, help develop "masculine characteristics" that are both physical (such as facial hair and muscle mass) but also behavioural (increased aggressiveness and sex drive are both explicitly stated).⁵⁶ If males have a much greater sexual desire and a hormonal propensity to violence, then they must be the perpetrators of sexual violence. This is the "sexual urge" explanation for sexual violence by soldiers in war.⁵⁷ And since the heteronormative binary works in oppositions, they cannot be the victims as well. This is again reflected in the Merck Manual. In the twenty pages dedicated to "Men's Health Issues", reproduction, disorders of the penis, testes and prostate, and sexual dysfunction are covered. In contrast, the 140 pages on "Women's Health Issues" include information on suffering from sexual violence, which is not at all present in the former section.⁵⁸ It is no wonder then, that scholars have deplored the lack of vocabulary. Male victims have often found it difficult to find the right words to express themselves, and care providers equally lack the right semantic field.⁵⁹

The medical response to sexual violence in war is equally heavily gendered. Medical workers for international institutions in conflict zones are trained as regular staff in post-secondary education, and thus have the same exposure to medical biases, in addition to the social ones. But it does not stop there. Most guideline documents for medical assistance of victims of sexual violence in war do not address men, omitting them or explicitly ruling them out. This is for example the case of a number of guidelines published by the Inter-Agency Standing Committee, the United Nations

⁵⁰ "Au lieu d'une *ars erotica*, notre civilisation a développé une *scientia sexualis*." Foucault 1994:87, original emphasis

⁵¹ Oudshoorn 1994:13

⁵² "La science est au pouvoir, Dieu est mort" Irigaray 1987:66

⁵³ Irigaray 1987:70

⁵⁴ Fausto-Sterling 2005:1494

⁵⁵ Foucault 1994, Jordanova 1989, Low 1996

⁵⁶ Beers 2003:648,959

⁵⁷ Seifert 1996:36

⁵⁸ Beers 2003:1321,1341

⁵⁹ Andersen 2008, McMullen 1990:83, Médecins Sans Frontières 2009:21, Oosterhoff et al. 2004:68, van Tienhoven 1992:5

High Commissioner for Refugees (UNHCR) and the United Nations Population Fund (UNFDP).⁶⁰ These guidelines are influential in responding to emergencies but also in assisting local organisations by providing training and resources. This isn't to say that *all* guidelines for medical workers completely omit male victims. There are some exceptions. In 2002, it was estimated that of the 4,076 NGOs that address war rape and sexual violence, 3% mention men in their literature, but hardly any provide services for them.⁶¹ I will be discussing this in more depth via the case study of former Yugoslavia and the presence of the UNHCR. Of course one would theoretically require some historical distinction between the early 1990s and today. Yet for Chris Dolan, the British director of the Refugee Law Project, the organisations working on the issue were *still* silent about it in 2011, so the situation has not improved from the 1990s as one would have expected.⁶² A possible reason is that the issue has only been superficially addressed. Very little is being done in the medical field more broadly to challenge the roots of medical bias, as exemplifies the Merck Manual. For this awareness to be truly effective, realising the gender bias should be incorporated in the training of health professionals, not just in institutional guidelines for particular responses.⁶³

This is neither to undermine the undeniable success of science, nor to challenge medicine altogether. Far from it. Medicine literally holds a vital position within society, especially in war. It is precisely *because* of this success and necessity, that a critical approach is hugely beneficial. In conflict settings, health care being gendered is all the more pronounced.⁶⁴ This is congruent to gender roles being more acute in war, a widespread idea throughout the gender and war literature.⁶⁵ As illustrated above, the understanding of genders from a medical perspective creates two rigid categories, with monolithic ideas about femininity and masculinity from a biological view, in spite of the reality being much more complex.⁶⁶ In addition to medical knowledge itself, some have noticed that medicine as a field is still hugely patriarchal, with a lingering old-fashioned idea of doctors being male with a hierachal superiority, and nurses being female and comparatively inferior.⁶⁷ So the medical setting in conflict bears the burden of a double restriction for gender diversity, and leaves very little room for fluidity within masculinities. This is not simply the absence of an action. The refusal to adopt a more flexible gender-lens and to lend an ear to critics is an ideological decision in itself. In choosing to preserve the status-quo, medical workers are making a statement with regards to how bodies should be gendered and medicalised.⁶⁸ Similarly, in accepting the sex/gender dichotomy, in parallel to the nature/nurture debate in a *de Beauvoirian* version of feminism, scholars in gender close the door on questioning the way the body is constructed.⁶⁹ Returning to the quote by Sandesh Sivakumaran, medical workers may indeed not "be trained to look for signs of sexual abuse of men" because the way male bodies are medically understood does not lend itself to them being victims of sexual violence to begin with.⁷⁰ Hence it is not their anatomy, but the way in which their anatomy is "invested" and institutionalised that causes problems.

⁶⁰ Inter-Agency Standing Committee 2004, 2005, United Nations High Commissioner for Refugees 2003, United Nations Population Fund 2001

⁶¹ Among the 3%, one can find Physicians for Human Rights, Doctors Without Borders, the United Methodist Church, and Catholic charities. DelZotto and Jones 2002:3

⁶² Storr 2011:unpaginated

⁶³ Vlassoff and Moreno 2002:1719

⁶⁴ Byrne, Marcus and Powers-Stevens 1996, Palmer, Lush and Zwi 1999, Vlassoff and Moreno 2002:1715

⁶⁵ See note 9

⁶⁶ Fausto-Sterling 1993, 2000b

⁶⁷ Vlassoff and Moreno 2002:1718

⁶⁸ Kessler and McKenna 1978:78, Tuana 1989

⁶⁹ Shim 2000:178, Tuana 1996:55

⁷⁰ Sivakumaran 2007:256

Section 2: The War in former Yugoslavia, a case study

Narrow understandings of gendered bodies impact our understanding of and response to sexual violence in war. Particular ideas about men and women, and consequent hierarchies, are exacerbated in war and give rise to binaries like soldier/civilian, just warrior/beautiful soul, protector/protected, and violent/pacific, even though they may not represent the *actual* roles of men and women in war.⁷¹ I now illustrate my point through the case study of former Yugoslavia. Before 1990, Yugoslavia was among the largest and most developed countries in the Balkans. It was a non-aligned federation, ethnically and ideologically diverse, with Orthodox Christianity, Catholicism and Islam as the main religions. In the late 1980s and early 1990s, Yugoslavia experienced intense political and economic crisis, catalysed by a weakening central government. Regional political parties proliferated and voiced a militant nationalist discourse along ethical, religious and gendered lines. The media played a particularly important role in shaping and conveying these messages.⁷² Hostilities began in 1991 when Slobodan Milošević in an attempt to reassert Serb invincibility and masculinity, accused Slovenia and Croatia of separatism, who them in turn blamed Serbs of unjustly dominating Yugoslavia's government, military and finances.⁷³ The escalating tensions throughout the Yugoslav territory sparked many localised violent oppositions, which are broadly encompassed under the term "Yugoslav wars" or "War in former Yugoslavia".⁷⁴ The war and its widespread strategic recourse to sexual violence attracted huge international attention. But only for women.

This section consists of three parts. I examine the intervention of the UNHCR during the war in a first section. The UNHCR's medical guidelines for the staff interacting with victims of sexual violence show that medical workers were trained to address female victims only. Exemplifying the biases inherent to the male body described in section 1, the available guidelines and medical workers were considered to hold an objective view. The scientific "truth" also became a legal one. This was made obvious during the International Criminal Tribunal for the former Yugoslavia (ICTY), for which I provide a brief example. I secondly show that sexual violence against men was nonetheless prevalent during the war, even though common beliefs, news coverages and the majority of the literature on the subject would have us think otherwise. The third part addresses the specificities of this case study and its limits in representing a broader trend.

⁷¹ Elshtain 1987, Epstein 1988, Fell 2007, Goldstein 2001, Hutchings 2007, Khalili 2010, Sjoberg 2010, Sjoberg and Gentry 2007, Sjoberg and Via 2010

⁷² Žarkov 2007

⁷³ Lončar, Henigsberg and Hrabać 2010:201

⁷⁴ For an extended historical context: Gow 2003, International Criminal Tribunal for former Yugoslavia 2015, Lampe 2000, Percy 1995, Ramet 2002

1) The UNHCR and claims to truth

Several international and local organisations provided services to victims of sexual violence in former Yugoslavia. But hardly any attended to the male victims.⁷⁵ The “lead agency” was the UNHCR, starting in late 1991, by providing equipment, legitimacy, training and guidelines for more than 250 international and local organisations, encompassing over 3,000 personnel on the ground.⁷⁶ To do so, the UNHCR published guidelines on prevention and response to sexual violence in 1995, partially based on the experience of the UNHCR in Yugoslavia up until then.⁷⁷ The guidelines reflect both an existing practice and a desired one. In explaining the causes for sexual violence, the guidelines follow a narrative similar to that of the biological arguments for propensity to sexual behaviour and aggression/violence. Two specifically enunciated causes illustrate this:

- Male attitudes of disrespect towards women may be instrumental in causing incidents of sexual violence....camp guards and male refugees may look upon unaccompanied women and girls in refugee camps as common sexual property.
- Psychological strain on refugee men...may cause aggressive behaviour towards women. Many other aspects of refugee life can aggravate this, including idleness, anger at loss of control and power, uncertainty about the future, and frustration with living conditions.⁷⁸

From these passages, it seems that sexual drive and aggression are distinctly male traits. Consequently, the men are framed as the perpetrators of sexual violence. The gender binary is constructed in mutually sanctioning, supportive and defining dichotomies. It follows that women and children are correspondingly the victims.⁷⁹ It goes without saying then, that the rest of the document exclusively provides information for field workers attending to female victims.⁸⁰ Paradoxically, the UNHCR Guidelines *include* a short paragraph warning workers not to dismiss potential victims who may not be recognised as such (with no suggestion of who that might be).⁸¹ Yet the rest of the documents does not reflect this concern.

These ideas about men’s bodies and masculinity had legal consequences. Testimonies from organisations like the UNHCR were meant to provide a “unique body of impartial evidence” during the ICTY.⁸² In the belief that the ICTY would uncover the truth and restore justice to the victims, some optimistically qualified the language as “neutral” and the mandate as “genderless”.⁸³ But this is highly debatable. In a testimony, Sophie Clarin mentioned both men and women victims of sexual violence, yet the judges only asked her details about the women.⁸⁴ Moreover, sexual violence against men has been ruled as torture and no more. Take the case of *Milan Simić*. Simić was accused

⁷⁵ United Nations 1996:27-30

⁷⁶ Pugh and Cunliffe 1996:unpaginated, Young 2001:787

⁷⁷ United Nations 1995:38, United Nations High Commissioner for Refugees 1995

⁷⁸ United Nations High Commissioner for Refugees 1995:8-9

⁷⁹ *Ibid.*

⁸⁰ United Nations High Commissioner for Refugees 1995:32

⁸¹ United Nations High Commissioner for Refugees 1995:7

⁸² Young 2001:786. Madeleine Albright as U.S. Ambassador to the United Nations stated, about the establishment of the ICTY: “The lesson that we are all accountable to international law may have finally taken hold in our collective memory. This will be no victors’ tribunal. The only victor that will prevail in this endeavour is the truth.” (in International Criminal Tribunal for former Yugoslavia 2012:5mins)

⁸³ Gopsil 2014:22, King and Greening 2007

⁸⁴ DelZotto and Jones 2002:11

of personally mutilating men's genitals, forcing nudity upon detainees and threatening a victim to cut off his penis.⁸⁵ The Trial Chamber convicted Simić in October 2002 for torture as a crime against humanity and not sexual violence as had been done in other cases like Tadić (discussed below). Consequently, Simić's sentence was relatively short, originally set to five years, but released after the first year.⁸⁶ This is important for the victims seeking for justice, for the ICTY symbolising the advent of truth and for creating a legal precedent, especially since the jurisprudence of sexual violence against men in international law is so thin. The ruling of the ICTY declared that these actions carried out by Simić would not be punished as sexual violence. Eric Stener Carlson, who worked from 1995 to 1997 for the ICTY's Sexual Assault Investigation team, later wrote that sexual violence against men remains a little-understood and under-investigated offence:

Many physicians and refugee workers are unaware that there are forms of male sexual assault other than anal rape, and are not trained to recognise the physical sequelae or to treat the psychological effects of such assaults. Experts have tended to bury the issue under the general rubric of abuse or torture and in most cases fail to provide adequate counselling for the victim.⁸⁷

Interestingly, his view is quite similar to Sandesh Sivakumaran's quote. When he says "experts", Carlson refers to physicians and refugee workers, but also legal investigators. Therefore, this lack of understanding is for him a far-reaching one.⁸⁸ While the ICTY website proudly presents the Tadić case as a landmark for "first-ever trial for sexual violence against men",⁸⁹ Carlson believes that this trial only gained popularity due to sensationalism. Dušan Tadić was accused of forcing a prisoner to bite off another's testicles. Other, less graphic or physically visible, occurrences of sexual violence against men, like the case of Milan Simić, did not attract much attention.⁹⁰

A recurring problem is that male victims of sexual violence seem *always* to come as a surprise. Very little has been done to change the narrative. The literature may not be vast, but isn't new either. For example in Spanish, it has been growing since the 1980s, though it has rarely been taken into account, or only five to ten years later when translations were made available.⁹¹ Language aside, Eric Stener Carlson believes that such studies "have done little to overcome the widespread belief that only women can be victims of sexual assault".⁹² For the Anglophone world, the war in Yugoslavia was a primary event in sparking discussion about sexual violence in war against men. Yet it overwhelmingly focused on women. For example Alexandra Stiglmayer's edited volume of 1994 is considered the most prominent treatment of sexual violence in the Balkan wars, yet only has one sentence on male victims.⁹³ Catherine Niarchos gave it a footnote, so did Janie Leatherman.⁹⁴ The number of publications that address sexual violence against males in the context of the war in Yugoslavia can be counted on one hand – which doesn't do justice to the victims, to the representativeness of the issue, and it misses out on important lessons to learn.

⁸⁵ International Criminal Tribunal for former Yugoslavia 2004:1

⁸⁶ International Criminal Tribunal for former Yugoslavia 2004:5

⁸⁷ Carlson 1997:129, see also Carlson 2006:16

⁸⁸ Carlson 2006:18

⁸⁹ ICTY 1997

⁹⁰ Carlson 2006:21

⁹¹ See for example the works of Lira and Weinstein 1986, Agger and Jensen 1990, the content of both can now be found in English in Riquelme 1994. Possibly the translation came at a time of growing interest in the Anglophone sphere with the creation of the two International Criminal Tribunals.

⁹² Carlson 1997:129

⁹³ Stiglmayer 1994

⁹⁴ Leatherman 1988:46, Niarchos 1995:653, note 13

2) Exceptional doctors: the living evidence of a paradox

There were male victims of sexual violence, and they were not exceptions. “Rumours” of male victims of sexual violence became known among medical staff toward the end of 1991.⁹⁵ Cases multiplied with the opening of an estimated 715 detention facilities (“camps”) with over 250,000 prisoners and operated by warring factions to the conflicts, from the spring 1992.⁹⁶ The responsibility and control of the detention facilities was shared among all sides, though the most important portion, estimated between a third and half, was operated by Bosnian Serbs and the former Republic of Yugoslavia.⁹⁷ While the Commission of Experts’ Final report was one of the first to make male victims of sexual violence visible, they relegated their comments to single sentences, suffixed to the description of sexual violence against women.⁹⁸ Yet, just the Croat and Bosniak male victims of sexual violence in Serb detention camps were estimated to 4,000 by the Medical Center for Human Rights in Zagreb (MCHR).⁹⁹ Throughout the war, the press in Yugoslavia published less than ten articles on the subject.¹⁰⁰ A UNFPA report published results from a study carried out by the Association of Concentration Camp Inmates of Sarajevo Canton. The Association found that in the Sarajevo Canton, 5,000 out of the 6,000 detainees were men, and 80% of them had suffered sexual violence.¹⁰¹ Anonymous authors on behalf of UNFPA then wonder why the male victims were not discussed by the Association, as their publication focuses on female victims only.¹⁰² In light of such statistics, it is indeed a surprise. No overall number of male victims of sexual violence in the Yugoslav war has been estimated, to the best of my knowledge. In a unique study, Pauline Oosterhoff, Prisca Zwanikken and Evert Ketting identified three organisations that had attended to male victims, two of which provided medical care: the MCHR and the International Rehabilitation Council for Torture Victims. Within those organisations, four doctors provided services to 77 male victims.¹⁰³

Mladen Lončar was one of the only vocal doctors on the issue.¹⁰⁴ He notably worked with the MCHR, an NGO based in Zagreb, Croatia, founded in 1992 by a group of fifteen physicians, social workers, and psychologists. Lončar carried out a few studies on male victims of sexual violence, some of which were never published, and all of which encountered resistance in various forms. The last one was published in 2010, even though it had been completed fifteen years prior. This was due to lack of funding and reticence from the government, so most of the work was done on a voluntary basis. The Croatian Ministry of Health has not authorised any new study since.¹⁰⁵ Nonetheless the existing publications bear witness to the breakdown of this “truth”. Like other victims, men who experienced sexual violence would then suffer from post-traumatic stress and physical sequelae. The specifics vary greatly, since all cases were individual.¹⁰⁶ However, Mladen Lončar noted that talking

⁹⁵ Lončar, Henigsberg and Hrabać 2010:193

⁹⁶ Špirić et al. 2010:411, United Nations Commission of Experts 1994a:51

⁹⁷ Those are also considered to have been the most brutal. The largest number of reported victims were Bosnian Muslims and the largest number of alleged perpetrators were Bosnian Serbs. United nations 1995:12, United Nations Commission of Experts 1994a:51

⁹⁸ United Nations Commission of Experts 1994a:55,56,59, Žarkov 2007:155

⁹⁹ That is most likely to be the largest portion of victims. Leatherman 1988:46

¹⁰⁰ Žarkov 2007:156

¹⁰¹ United Nations Population Fund 2002:72

¹⁰² *Ibid.*

¹⁰³ Oosterhoff, Zwanikken and Ketting 2004:73

¹⁰⁴ The few news articles mentioning male victims of sexual violence would usually include some quotes from Mladen Lončar, as did the Canadian and Swiss articles Borger 1996 and Jaquemet 1995.

¹⁰⁵ Lončar, Henigsberg and Hrabać 2010:201

¹⁰⁶ The retelling of experiences via testimonies is widely available and will not be repeated here. See for example Gopsil 2014, Oosterhoff, Zwanikken and Ketting 2004, United Nations Commission of Experts 1994a

about the incident was generally helpful, because the victim could regain self-confidence with the feeling of contributing to something useful, such as finding the criminal. Yet the odds of male victims to seek for medical help are extremely low.¹⁰⁷ According to Mr. Lončar, “this type of traumatic experience is something that hasn’t been recorded in history. The systematic mistreatment of thousands of men (rape, beatings on the genitals, castration...) has left psychological scars on many”.¹⁰⁸ Though possible consequences include genital infections, swollen testicles, physical impotence, abscesses, blood in their stools, and ruptures of the rectum, traces are not always so evident, nor lasting.¹⁰⁹ Doctors like Carlson and van Tienhoven instead recommend relying on other effects, such as psychosomatic (loss of appetite and weight, headache, sleeplessness), psychological (feelings of guilt, shame, anger, anxiety) or psychosocial manifestations (social withdrawal, alcohol and drug abuse, outbursts of anger).¹¹⁰ While symptoms are not always easy for health workers to unravel, Sandesh Sivakumaran notes that it would be helpful if the health workers were primed to look for those signs in male victims. The problem is that medical procedures and attention in war is highly standardised, due to the scale, as made clear with the UNHCR Guidelines.¹¹¹ In contrast, the search of abuse with women sometimes goes too far.¹¹²

Respondents familiar with sexual violence against women, usually implying rape, tend to assume that sexual violence against men would take the same form, namely anal rape.¹¹³ However, in a first study, Petra Brecić and Mladen Lončar found that 20% of male victims of sexual violence had been raped. Most had injured genitals with blunt objects, or had been castrated or semi-castrated.¹¹⁴ In a more recent study interviewing 60 victims of sexual abuse in Croatia and Bosnia and Herzegovina, Mladen Lončar, Neven Henigsberg and Pero Hrabać found that only 3 of them (5%) had been raped. Yet almost 50 participants had received physical torture of genitals, mainly severe beating of testes or genitals.¹¹⁵ So conflating the terms “sexual violence” and “rape” would provide a distorted view. It is the case in a study on the service users of the Belgrade Centre for Rehabilitation of Torture Victims. Not only do they conflate rape and sexual violence, but they also define rape as an act perpetuated by the opposite sex only. They find that 13.2% of participating women and 0.2% of the men have suffered from such torture, and conclude that male victims of sexual violence are negligible.¹¹⁶ This obviously has medical implications in the way the victims are then treated. During a workshop in Zagreb, which focused on medical issues concerning male sexual assault, a patient exclaimed: “Until I heard the presentation, I thought that the only form of male sexual assault possible was male rape. I must have a lot more patients who were sexual assault victims than I thought”.¹¹⁷ Conversely, some male victims do not report the crime when what happened to them does not fit their conception of sexual violence.¹¹⁸ In order to realistically represent the amplitude of the issue, it is then important to use “sexual violence” and “rape” carefully.

¹⁰⁷ Monk-Turner and Light 2010

¹⁰⁸ Lončar quoted in DelZotto and Jones 2002:3

¹⁰⁹ Agger and Jensen, quoted in Carlson 2006:22, Peel et al. 2000

¹¹⁰ Carlson 2006, Oosterhoff, Zwanikken and Ketting 2004:71

¹¹¹ Špirić et al. 2010:411

¹¹² Sivakumaran 2007:256, note 13

¹¹³ van Tienhoven 1992:3

¹¹⁴ Brecić and Lončar quoted in Olužić 1998:41

¹¹⁵ Lončar, Henigsberg and Hrabać 2010:196

¹¹⁶ Špirić et al. 2010

¹¹⁷ Quoted in Carlson 2006:18

¹¹⁸ Carlson 2006:23

3) Outcomes and limitations

These cases of doctors who did provide services to male victims are the testimony of a paradox.¹¹⁹ If a man's body and masculine identity are constructed from the very beginning around the ideas of sexuality and aggressiveness/violence, then attacking the representation of one's virility – the genitals – should not be surprising. Patricia Sellers, the gender legal adviser for the ICTY explained that “men are sexually assaulted because what's a better way to demoralise...then to capture those men and then publically have them commit fellatio upon each other. It's a weapon because it goes to the very psyche”.¹²⁰ But since the popular discourse is one of seeing women as victims and men as perpetrators, the torturer also benefits from “the conspiracy of silence”.¹²¹ The term has been used to denote the silence of perpetrators to avoid penal consequences, that of victims to avoid social shaming, and occasionally of medical personnel who mirror their patients. Sexual violence against men has been repeatedly been labelled as homosexual – and not usually intended in a demeaning way. Sandesh Sivakumaran has noted that this is particularly the case with male/male rape.¹²² He particularly noted that this “taint” was perpetuated by individuals, and also by broader institutions. The UN Final Report to the Commission of Experts stated that “Violent crimes of a *homosexual nature* are not explicitly mentioned in international humanitarian law, but protection against rape *and other sexual assaults* is also applicable to men on the basis of equality and non-discrimination”.¹²³ Existing testimonies also point towards a greater number of cases where male prisoners were forced to assault each other, rather than prisoners being assaulted by a source of authority.¹²⁴ The particular understanding of masculinity, which is embedded in the construction of men's bodies, then plays a dual role. It is both a central reason for which these atrocities happen, and one for which they are rarely attended to.

The case study of Yugoslavia of course comes with some limitations. It is incongruous for a time- and place-specific case study to be pushed on the global agenda as a symbol for all other sexual violence occurrences in war. It should not be intended as a spokesperson for other wars, as it bears its own specificities. Firstly, it has been argued that the patriarchal culture is particularly deep in the Balkans, especially since the tensions had been drawn along ethnic lines,¹²⁵ and thus that masculinities are particularly susceptible to emasculation. In turn, this argument has been put forward to explain why men would be most unlikely to come forward and admit having been victims of sexual violence.¹²⁶ However, this argument is presented in various other case studies, for the same purpose, suggesting that the cultural “specificity” might actually be widespread.¹²⁷ But the context of a multilateral ethnical conflict is indeed specific, and could not be directly compared with the wars in Sierra Leone and Rwanda for example. Secondly, the place of the atrocities was unusual. The detention *en masse* reached proportions where the international scene had to respond, especially because it was in Europe's backyard. A 1986 study on political prisoners in El Salvador

¹¹⁹ I here use “paradox” in its most literal sense: *para-doxa*, or against the common belief or popular opinion

¹²⁰ In International Criminal Tribunal for former Yugoslavia 2012:13mins

¹²¹ Agger and Jensen quoted in Carlson 2006:22, van Tienhoven 1992:4

¹²² Sivakumaran 2005, see also Solangon and Patel 2012:421

¹²³ United Nations Commission of Experts 1994a:75, note 18, my emphasis. In fact, sexual violence against men has only entered national legal texts in Western countries after 1991, and remains legally impossible in many places still, see Carlson 1997:129, DelZotto and Jones 2002:4

¹²⁴ United Nations Commission of Experts 1994a

¹²⁵ Niarchos 1995:658, United Nations 1995:7

¹²⁶ Žarkov 2007:165

¹²⁷ For example Storr 2011 on Uganda, Agger 1989:309 on Argentina, Chile and El Salvador, more generally DelZotto and Jones 2002:1

shows that within La Esperanza Prison, 76% of the 434 male detainees had been submitted to sexual violence.¹²⁸ These prisoners attracted so little international attention that the mentioned study was made *by the prisoners themselves* in order to raise awareness.¹²⁹ This leads to the third and most important specificity of the Yugoslav wars: the establishment of the ICTY. The Tribunal provided the financial and logistical means to document cases of sexual violence like never before.¹³⁰ Of course victims of sexual violence are still not adequately attended to, male or female.¹³¹ But it is important to realise that the ICTY took a ground-breaking step in investigating and prosecuting cases of sexual violence.¹³² For example, ICTY attempted to place women and men victims on an equal footing in international law via language.¹³³ While the head of ICTY's Sexual Assault Investigation Team, Agnes Inderhaug, stated cases of men victims of sexual violence should be rigorously investigated, Eric Stener Carlson believes that "these good intentions are heavily limited if the medical sector does not provide the necessary evidence and adequate language".¹³⁴

Finally, I do not mean to suggest that transgendered, intersex and non-binary persons are not victims of sexual violence. On the contrary, there have been cases of targeted sexual violence in former Yugoslavia, specifically against transgender communities, *because of their identity*.¹³⁵ While I have argued that the level of awareness and action for male victims of sexual violence is leagues behind the actions for female victims, that for transgendered, intersex and non-binary persons is even less discussed and challenged. Unfortunately, their complete erasure from the literature makes their cases very difficult, though no less necessary, to discuss. In spite of efforts from critical biologists like Anne Fausto-Sterling to point out the artificial nature of sexual dimorphism (the division of the population into men and women),¹³⁶ international instruments continuously fail to include them equally. The UN has declared that LGBTI persons would fall under international law as everybody else, though legal activists have deemed it unsuited since those communities are particularly targeted because of their identity and should be acknowledged as such.¹³⁷ Yet at the same time, the overwhelming majority of international instruments addressing gender- or sex-related bias explicitly and exclusively recognise two sexes: men and women, male and female.¹³⁸ A problem with biased investigations is that it can feed into the perpetrators' beliefs that certain forms of sexual violence are not crimes or at least that they are not pursued crimes.¹³⁹ While male victims of sexual violence sometimes get a sentence or a footnote, transgendered, intersex and non-binary persons are hardly mentioned. Going forward, more research in the area would be important, for the victims, those belonging to the communities, and for a more inclusive understanding of sex and gender in war.

¹²⁸ Agger 1989:311

¹²⁹ Comision de derechos humanos de El Salvador 1986. It could be argued that this was due to the Cold War context, to avoid damaging the image of the Allies. However, sexual violence against women was known and reported. See for example Chomsky 1992:38, Lebon and Maier 2010:293-294

¹³⁰ Carlson 2006:17, DelZotto and Jones 2002:1, International Criminal Tribunal for former Yugoslavia 2012, Kimberley Theidon in Boesten et al. 2015

¹³¹ Amnesty International 2012

¹³² Sharratt and Viseur-Sellers 1999:55

¹³³ Carlson 2006:17, Cleiren and Tijesen 1996:161

¹³⁴ Carlson 1997:129

¹³⁵ Kritz 2014:14

¹³⁶ Fausto-Sterling 1993, 2000b

¹³⁷ Kritz 2014, United Nations High Commissioner for Refugees 2012b

¹³⁸ Lewis 2009:4

¹³⁹ Carlson 2006:24

Conclusion: Is “the landscape of silence” becoming audible?

*To unravel the complexities of the pattern of bias against women and reweave our theories and practice of science will require a similar transformation of our worldview and of the social practices and institutions that are justified by the gender/science system and in turn reinforce it.*¹⁴⁰

*Where are the women?*¹⁴¹

*Once you have crafted lenses that change your perspective, it is a great temptation to look at everything through the same spectacles.*¹⁴²

In making a case for interdisciplinarity, I have demonstrated in the first chapter that the biological understanding of men’s bodies has been imbued with social understandings of masculinity, around the idea of sexual behaviour and aggressiveness/violence. This particular theorising has perpetuated beyond theoretical knowledge, into mainstream medical material for education and guidelines for NGOs present in conflict zones. Considering sexual behaviour and aggressiveness/violence as intrinsic elements of a man’s body, and conversely vulnerability and passivity as woman nature, creates the blueprint for the discourse around sexual violence: that of men as perpetrators and women as victims. Through the case study of Yugoslavia, I have shown three important things. Firstly this approach has indeed been taken by the most influential NGO on the ground, namely the UNHCR. Secondly a small handful of doctors that have attended male victims of sexual violence demonstrate that this discourse did not match the actual needs in former Yugoslavia. Thirdly this construction of masculinity embedded in the medicalised body is not only a reason for the lack of attention. It is also a cause for the sexual violence to have occurred in the first place. I have then pointed out the specificities of this case study, making it difficult to blindly extrapolate the findings into other scenarios. Nonetheless, this remains an important historical moment for the theorising of sexual violence in war. While some have suggested that the war in former Yugoslavia and the ICTY have been landmarks in drawing attention to sexual violence in war,¹⁴³ it would be more accurate to say that this historical period, rather than particular case, was a turning point. Indeed “the conspiracy of silence” had begun to break since the late 1980s, when Chilean ex-prisoners and some Iranian exile groups started speaking up.¹⁴⁴ Thus the historical momentum provided a setting in which the international public was more keen to listen than previously.

What has happened since then? In 2002, no international organisation or NGO had yet established a research programme or policy initiative specifically focused on male victims of sexual violence in wartime.¹⁴⁵ However, 2008 was marked by a rare research meeting organised by UNOCHA to address the issue of sexual violence against men and boys in conflict.¹⁴⁶ It was particularly notable for reviewing the key academic literature on the subject and commissioning

¹⁴⁰ Tuana 1989:169

¹⁴¹ The famous feminist question, first asked by Cynthia Enloe 2001, 2004 *et passim*

¹⁴² Scott 1998:7

¹⁴³ Carlson 2006:17, DelZotto and Jones 2002:1, International Criminal Tribunal for former Yugoslavia 2012, Kimberley Theidon in Boesten et al. 2015

¹⁴⁴ Agger 1989:306

¹⁴⁵ DelZotto and Jones 2002:6

¹⁴⁶ United Nations Office for the Coordination of Humanitarian Affairs 2008

additional articles.¹⁴⁷ But very little followed this event, and in 2010 Sandesh Sivakumaran lamented that

UN reports on sexual violence in armed conflict are now attuned to the problem and sometimes carry a sentence along the lines that “men and boys are also subject to sexual violence”. However, such a sentence, if indeed present, is usually the sole reference to men and boys in any report.¹⁴⁸

We had to wait until 2012 for the UNHCR to publish a dedicated document entitled *Working with men and boy survivors of sexual and gender-based violence in forced displacement*.¹⁴⁹ While it is disappointingly 16 pages short with very little information (in contrast to the 60-pages long Guidelines of 1995) it nevertheless symbolises the acknowledgement of an urgent necessity. This summer, *The Landscape of Silence*, the first ever book on male victims of sexual violence in war, is to be released. It might hopefully lead a new trend in the literature.¹⁵⁰ Of course the cause of male victims does not receive the same political popularity and funding as that of “saving the women”.¹⁵¹

The continuous focus on women as victims of sexual violence is problematic. Based on a particular understanding of men’s and women’s biological bodies, it reinforces those particular discourses, and fails to challenge the binary. Instead, taking a historically grounded look at the production of biological knowledge shows that sex (i.e. bodies) is as fluid as gender. Challenging common assumptions based on biology is critical. It is easier to see the change that has occurred in the sciences, than the change that will. And we are always tempted to think that the present facts are the final truths. But history tells us otherwise, and unless we are prepared for this flexibility, we will be headed for important mistakes. As long as men are considered perpetrators, and women victims, the dynamic between the gender roles will continue to provide ground for the sexual violence, and for the erasure of those who do not fall in either category. Thus, the primary task of feminism should not be, in Rebecca Grant’s opinion (and I agree), that of working from women’s experiences exclusively.¹⁵² Christine Sylvester is right to say that masculinities should not become the ultimate concept for feminism.¹⁵³ But unless feminism takes a more inclusive approach, debates will reinforce the oppositional dualism of the body-mind split, through the sex and gender dichotomy, which keeps women and femininity trapped in bodily matters.¹⁵⁴ It is not sufficient to merely acknowledge this before delving into a men-as-perpetrators-and-women-as-victims analysis.¹⁵⁵ A more nuanced and inclusive approach to the gender variable can undermine the fatalist ideas around the gender binary, thus providing the means of criticising it altogether.

¹⁴⁷ Including Carpenter 2006, DelZotto and Jones 2002, Oosterhoff et al. 2004, and commissioning the article from Russell 2008

¹⁴⁸ Sivakumaran 2010:260

¹⁴⁹ United Nations High Commissioner for Refugees 2012a

¹⁵⁰ Misra 2015. He has a paragraph which echoes Sandesh Sivakumaran’s passage, of course, but dismisses the issue as a social stigma, like others (Misra 2015:15). In the coming literature, a reader is awaited in early 2016 (Jones forthcoming).

¹⁵¹ DelZotto and Jones 2002:4

¹⁵² Quoted in Jones 1994:115-116

¹⁵³ Christine Sylvester in a Routable Discussion for Millennium, subsequently published in Hutchings et al. 2008

¹⁵⁴ Žarkov 2007:9

¹⁵⁵ As does Boesten on Peru, see Boesten et al. 2015

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