XCEPT
CROSS-BORDER CONFLICT
EVIDENCE / POLICY / TRENDS

Briefing Note

Men and Psychosocial Support Services Programming

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Purpose

Men and boys can experience multiple forms of traumatic experience during conflict. Trauma also intersects with daily stressors such as poverty, displacement, and lack of employment. Gender norms and masculine expectations influence how conflict-related trauma is encountered and how it manifests. While men respond to trauma in individual ways, research shows that there is a correlation between male trauma and maladaptive coping mechanisms such as risk-taking, withdrawal, self-harm, and violence in various forms.[1] Due to gender norms and expectations that imply incompatibility between masculinity and vulnerability, men are less likely to admit that they are experiencing psychological difficulties or reach out for help.

This briefing paper examines humanitarian responses to conflict-related trauma amongst men and boys. Findings are drawn from qualitative interviews with NGO/INGO psychosocial support services (PSS) in Syria, Iraq, and South Sudan, as well as secondary reports and the broader literature on masculinity, trauma, and conflict. The focus on men and boys is not intended to overshadow or downplay the traumatic experiences faced by women and girls during conflicts. However, findings demonstrate that addressing male trauma in conflict contexts is a matter of both individual and community well-being, as well as a measure to prevent further violence.

Key Findings

▶ **Finding 1: Psychosocial support for men and boys is deprioritised in social services.** There is a clear lack of PSS programming that targets the needs of conflict-affected men. Only two out of the 12 organisations interviewed operate programmes for men. One other organisation provides facilitator training for trauma-informed initiatives implemented by local providers. The majority of these trainings focuses on a group approach and includes training on the facilitation of male-only and mixed-gender programmes. The lack of PSS services for men is an oversight given the known relationship between unaddressed trauma and the manifestation of violence in myriad forms.[2] The deficit in services for men is perpetuated by negative stereotypes that reinforce the incompatibility of masculinity and vulnerability and often lead to assumptions that such services are not needed.

▶ **Finding 2: Funding for programmes aimed at men and boys is difficult to secure and currently runs the risk of redirecting funds away from much-needed services for women and girls.** Findings show a lack of buy-in from donors for PSS services to support men. Consequently, some organisations are forced to frame initiatives in more 'fundable' terms, for example as 'prevention of gender-based violence' programmes. This runs the risk of redirecting already stretched resources away from women's services. A lack of long-term funding also restricts the ability to better evaluate programmes or plan for reimplementation in the long term. There is a need to secure long-term funding for PSS programmes aimed at men in addition to funding that addresses the needs of women and girls.

▶ **Finding 3: There is a clear need to increase the visibility of male trauma and its implications through policymaking and research.** Male trauma and its implications for individuals and communities must be made more visible. This can be achieved by placing greater emphasis on this issue in policymaking and by increasing research funding in the field. Currently, most studies on men and PTSD are part of the scholarship on military masculinity, with limited emphasis on civilian men in fragile and conflict-affected states (FCAS). Additional research support would also benefit innovation in the design and implementation of programmes.

▶ **Finding 4: Innovative programming allows for mainstreaming of PSS interventions into broader livelihood programmes and context-specific services.** The PSS programmes for men examined here are innovative in a manner that encourages participation. Catholic Relief Services (CRS) in South Sudan integrates trauma awareness training into its livelihood and social cohesion operations. This approach recognises that in situations of chronic poverty, PSS must be complemented by 'practical help' in broader livelihood and resilience programming.[3] Relief International's (RI) programme in northern Syria uses psychoeducation workshops to build greater awareness of the intersection of trauma and daily stressors and teach participants to understand and manage feelings of stress and anger. These examples demonstrate the importance of learning lessons from individual programmes and sharing best practices and innovations from the field.

▶ **Finding 5: Participants report a reduction in community and domestic violence.** Although none of the programmes examined have undergone a rigorous evaluation process, anecdotal evidence shows positive feedback from participants and community members. In all cases, the organisations have received requests for the continuation and broadening of programmes. Positive feedback includes claims of a reduction in community violence and tension in the home.

▶ **Finding 6: Applying a masculinity lens to PSS delivery is critical to uptake and impact.** To ensure effectiveness and legitimacy, PSS programmes need to account for cultural context, including gender norms. Case study examples demonstrate the need to apply a masculinity lens in the design and implementation of programmes. Key findings in this respect are as follows:

a. Using mental health terminology risks deterring participation. Instead, **labelling sessions with more neutral terminology, such as 'group workshop' or 'training session', can help avoid stigma.**

b. **Group workshops are important to avoid stigma and create a space for men to share narratives and 'vent'.** However, **for LGBT men or men who have suffered sexual violence, individual counselling may be more appropriate.** The ability to offer individual counselling depends on access to safe or private spaces, which are not always available.

c. Organisations noted the **importance of male facilitators in all-male group workshops.** Along with individual counselling, this can lead to an extra funding burden as more male facilitators must be recruited and trained.

d. **Appropriate scheduling** is crucial in a context where men are seen as the main breadwinners and have employment commitments. The surveyed organisations found that longer sessions over an entire day were more appropriate than short sessions spread out over a period of weeks, though this will vary depending on the local context.

▶ **Finding 7: Engaging with moral injury-induced trauma can be beneficial in certain circumstances.** Moral injury is a type of trauma that arises after an individual carries out (either voluntarily or through coercion) acts that do not fit with their ethical or moral standards.[4] A focus on moral injury is often side-lined in PSS programming due to its association with perpetrators of violence. In South Sudan, findings from CRS trauma awareness training show that participants benefit from discussing psychosocial problems associated with moral injury and the perpetration of violence. In their experience, inclusion of issues associated with moral injury in the programme can initiate discussion on alternatives to violence and non-violent options for dealing with daily stressors and accessing resources.

▶ **Finding 8: Local legitimacy in programme design is vital to ensure effective engagement.** Key to engaging participants in a positive and productive manner is ensuring a programme's legitimacy and credibility amongst the local population. Both CRS and RI carried out extensive community engagement in the development of their respective programmes. For example, in South Sudan, CRS engaged community leaders in both the design of the programme and the identification of participants. In northern Syria, development of the programme was initiated by women who were already participating in RI's activities and, after experiencing the benefits of PSS interventions, requested similar services for their male relatives. RI also carried out a comprehensive scoping exercise with potential male participants to collect ideas on themes to address during psychoeducation sessions. Respondents reiterated the importance of community engagement in the development of programmes.

Methodology

The findings in this brief are drawn from qualitative interviews held with representatives of 12 INGOs and NGOs operating in three XCEPT target countries: Syria, Iraq, and South Sudan. Each interview lasted for around one hour and was conducted via Zoom. Follow-up interviews were held with the two INGOs identified as operating specific programmes for men and boys, one in South Sudan and one in northern Syria. Interviews were held with a mix of local and international staff. It is recognised that as the data on INGO programmes and how they are received was drawn from interviews with INGO staff rather than target populations, there is a possibility of bias in the interview data. Therefore, secondary reports and interdisciplinary literature on masculinity, trauma, and conflict were used to both support the findings and critically engage with the data.

While this is a small sample of organisations operating in very different cultural, political, and security environments, the country contexts are comparable from the perspective of protracted conflict and the traumatic experiences and daily stressors faced by their respective populations. Although gender norms differ across contexts, the influence of gender norms and masculine expectations on conflict experience is well documented in the literature and justifies the use of a gendered lens across all three contexts.

Background

What do we mean by 'trauma', 'gender' and 'masculinity lens'?

Trauma is defined as a psychological state that arises in response to one or more traumatic experiences that have "overwhelmed the individual's coping resources".[5] In conflict contexts, such experiences are largely associated with violence in its myriad forms, physical as well as psychological.[6] From a clinical perspective, trauma is associated with the medicalised term 'post-traumatic stress disorder' (PTSD), a mental health condition with symptoms clustered in three main categories: (1) re-experiencing or intrusion of the traumatic experience, (2) avoidance or emotional numbing, and (3) hyperarousal.[7] These symptoms tend to manifest as depression, anxiety, and somatic disorders, but they may also stimulate certain behaviours, including violence.

This briefing note proceeds from challenges to the clinical definition of trauma in the peace and conflict literature, which suggest that the definition is overly narrow because (1) it overlooks the role of daily stressors such as poverty, lack of access to resources, poor housing, displacement, or a persistent sense of insecurity, that may perpetuate trauma symptoms; (2) it fails to take account of how manifestations of trauma are shaped by the social and cultural environment, as well as by gender norms and expectations that give meaning to experiences and influence responses.[8]

Gender is a relational concept and meaning system that produces assumptions about the way men and women are naturally or *are supposed to be,* ranging from their emotional selves to expectations of their physical and mental capabilities, through to societal customs and acceptable roles. Binary gender norms tend to divide men and women into categories

> " **Gendered binaries and assumptions are often exacerbated during conflict.**

of associated traits. For example, the category of 'women' tend to be equated with being caring, passive, weak, or vulnerable, while 'men' are categorised as active, strong, 'the protector', or 'the provider'.[9] These assumptions are internalised by individuals and the social environment, leading to expectations of 'ways of being' that cannot always be fulfilled.

Gendered binaries and assumptions are often exacerbated during conflict.[10] They not only influence men and women's experiences of conflict, but also shape the sources of trauma they are subject to; the way their trauma is (or is not) addressed, including how it is recognised and by whom; and how trauma manifests in the aftermath of conflict experiences.[11] Thus, any analysis of conflict-related trauma – its root causes, manifestations, and appropriate responses – requires a gendered analysis. The focus on men and boys calls for an approach that applies a masculinity lens.[12]

Prevalence and types of traumatic experience amongst men and boys in conflict contexts

In all conflicts, men and boys are most at risk of death by violence or summary execution, whether as members of an armed group or non-armed civilians.[13] Men are also more likely to be disappeared or imprisoned, both of which may involve severe and prolonged torture. For example, an independent inquiry into mortality rates during the Syrian conflict between March 2011 and April 2014 found that men

and boys made up 85.1% of recorded victims.[14] Of the hundreds who disappeared in northern Iraq, the majority are also men.[15]

Civilian men are especially vulnerable to beatings or torture due to gendered assumptions that men are the leaders and protectors of the community and are therefore strategic targets for those perpetrating attacks. While the experience of violence may induce trauma, the masculine expectation of being the protector can consolidate trauma when men are unable to safeguard their family in the face of violence. Moreover, men and boys who migrate to escape conflict or recruitment often face the trauma of a dangerous journey, as well as vulnerabilities affiliated with a lack of status in the host country and the psychological impact of family loss and distance.[16]

Sexual violence against men and boys is much more prevalent in conflicts than previously assumed.[17] For example, a recent survey of 434 South Sudanese men carried out by the Refugee Law Project found that 29% disclosed experiencing forced nudity, and 3.7% reported being raped.[18] In a 2022 UNHCR report on male torture survivors in Syria, 50–80% of respondents reported sexual violence.[19] Sexual violence against men can leave individuals both psychologically traumatised and impotent or with diminished libido. The latter may further perpetuate trauma, particularly in a cultural context where sexual activity is perceived as a marker of manhood.[20]

Lesbian, gay, bisexual, and transgender (LGBT) persons face homophobic violence and vulnerabilities in peacetime, but these vulnerabilities often increase with the onset of violent instability.[21] In all three countries that are the focus of this study, LGBT persons are targets of persecution. In Syria and Iraq, they were hunted down by ISIS and also face hostility and threats from civilians, other armed groups, and state services.[22] In South Sudan, homosexuality is criminalised and LGBT persons face social sigma and discriminatory violence.[23] Moreover, persecution of LGBT persons often continues whilst fleeing conflict. Reports show that ongoing insecurity and suspicions faced by this group continue in refugee camps and whilst seeking asylum in third countries.[24]

Men may also suffer moral injury as perpetrators – or 'forced' perpetrators – of violence.[25] For example, men's experiences of conflict may include being forced to perpetrate sexual violence via a 'do it or be killed' approach, even against relatives, friends, or fellow detainees.[26] In the chaos of a violent conflict, where extreme harm and brutality become normalised, perpetrators may become desensitised to certain

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acts of violence. However, this does not override the possibility of suffering trauma in the aftermath of conflict when reflecting upon one's participation in violence. Indeed, recent research carried out in Liberia with 459 former child soldiers found that a sense of moral injury was a significant factor in producing anxiety, avoidance, and negative feelings, particularly amongst those who admitted to committing acts of violence.[27]

How gender norms influence men's response to trauma

Masculine expectations that associate men with being the provider or protector, strength, stoicism, or bravery have very real implications for how men experience trauma and the coping mechanisms they typically employ.[28] While not all men suffering from trauma respond in the same way, men and boys are more likely to exhibit maladaptive coping behaviours such as risk-taking, low physical activity, withdrawal, self-harm, or violence in its multiple forms.[29] There is also evidence of the prevalence of alcohol and substance abuse amongst men who suffer from psychological difficulties.[30]

The psychology literature suggests a reason for this, finding a relationship between masculine norms and PTSD symptoms primarily associated with the 'avoidance' strand of diagnosis.[31] This is problematic given that avoidance, or the silencing of living with trauma, can "block important pathways to resolving trauma-related distress, such as habituating to trauma-induced fear and reorganisation of the trauma narrative."[32] As such, men are less likely to seek help in managing trauma, which increases the risk of developing negative coping mechanisms.[33] The implications of this can lead to social or relational difficulties or produce problems in securing employment. Exacerbated by daily stressors like poverty, inadequate housing, and family tensions, this predicament can become a perpetual cycle.

Maladaptive responses to trauma can increase violent behaviour

Emotional resistance and maladaptive coping mechanisms in response to trauma and stress can produce violent behaviours in some men, such as community violence, political violence, criminal violence, or violence in the home. Regarding the latter, there is a known correlation between trauma – including childhood trauma – and gender-based violence across a variety of studies.[34] This correlation becomes even more acute in the context of PTSD in military veterans.[35] In a systematic review of the prevalence of intimate partner violence (IPV) amongst male US military veterans, the authors found a prevalence rate of 27.5%.[36] While work in this area has focused primarily on Western military veterans and not members of insurgent groups, scholarship on

the aftermath of violent conflict shows that domestic violence tends to rise when former fighters return home.[37]

The correlation between violent tendencies and psychological difficulties has been shown more broadly in a number of studies on ex-combatants.[38] Studies on appetitive violence, where extreme violence is viewed as fascinating and desirable, and PTSD amongst men and boys also find a clear correlation. One study carried out in low-income communities in Cape Town found that PTSD symptoms in areas of avoidance and hyperarousal are contributing factors in fuelling cyclical violence.[39]

Trauma and daily stressors interconnect with masculine violence

Masculine norms, daily stressors, and trauma intersect in the production of violence in an insecure context. Lack of job opportunities can lead to involvement in criminal activity or recruitment into violent groups. For example, in South Sudan, cattle raiding amongst young men is often seen as the only option to ensure economic survival and/or marriage. Marriage is associated with respect and the transition to manhood, but it is only achievable with a dowry. Cattle raiding is one way of securing the funds required for a dowry payment. A local staff member working in South Sudan explained that this violent option to fulfil masculine expectations is taken by men who are already suffering from the trauma of conflict and are unable to consider an alternative option to secure resources. As he explained,

> What is actually happening in people's [young men's] brains is that they are thinking, okay, I am 18 or 17 years old now, I think in the next two years I have to have a partner at home, but I don't have resources. And if I don't have resources, the best way to get them is to go and loot or raid or go and steal people's property.

> This is the thinking of war. This is the thinking of a person who has been exposed to conflict because you think that the best way to get resources is to raid from somebody … this is the thing from [the position of] someone who is traumatised, someone who is stressed, who has chronic stress, they will not think positively [rationally]. The thinking brain will be reacting to situations as they are coming up, to the needs [expectations] of the community for him to marry. And then he goes on to steal someone's cow.[40]

> ❝ PTSD symptoms in areas of avoidance and hyperarousal are contributing factors in fuelling cyclical violence.

On the other hand, masculine violence may also be turned inwards, causing self-harm or suicide.[41] According to WHO data, suicide rates globally are higher for men than women.[42] Qualitative studies on suicide amongst men in FCAS also show a correlation between trauma, a lack of ability to fulfil masculine norms, and suicide.[43] This is a trend that has become apparent in northern Syria, where suicide rates have risen significantly since 2021.[44] As noted by a Syrian representative of an organisation working in the region, suicidal tendencies are exacerbated by lack of hope for the future, an inability to fulfil the masculine breadwinner role, and the shifting of gender roles. He explained,

> Where the men are sitting at home, or looking for a job, and women are the only providers for the family … in mental health terms, this has become one of the stressors for men – that they cannot provide the needed help for the family or children. Actually, it's one of the suicide situations [amongst men] in this area.[45]

Given the implications of conflict-related trauma for men and the wider community, leaving it unaddressed is problematic for individual and community well-being as well as for conflict prevention.

Detailed findings

Finding 1: Psychosocial support for men and boys is deprioritised in services.

Deprioritisation of conflict-related trauma suffered by men and boys is reflected in the lack of services available from aid organisations. This finding has been observed by others and is evidenced in this research. Out of the 12 organisations interviewed, only two directly operated programmes that are tailored to support men – Relief International (RI) working in northern Syria and Catholic Relief Services (CRS) in South Sudan. A third organisation, the Global Trauma Project (GTP), operating out of Kenya, provides PSS facilitator training to civil society organisations in South Sudan that sometimes work with groups of men. All other organisations' PSS programmes were primarily focused on women and children. Organisations that operate services for men also host many programmes for women and girls. Indeed, it is only in the last year that RI has initiated services for men. Despite the small

sample, the findings demonstrate a clear deficit in PSS services available to men in these three conflict-affected locations.

From what little research exists in this field, it appears that gendered assumptions reinforce the incompatibility between masculinity and vulnerability and act as a barrier to better engage the PSS needs of men and boys.[46] These assumptions are reproduced in common framings of men in negative stereotypes. For example, findings from a recent study on refugee camps in Jordan show that humanitarian organisations have a tendency to see men and boys primarily as 'perpetrators of violence and discrimination', 'powerful gatekeepers', or 'emasculated troublemakers'.[47] These stereotypes unfortunately sustain the often dominant 'men can cope by themselves' narrative and reinforce gendered binaries of 'women = victims' and 'men = perpetrators' that overlook women's agency in conflict.[48]

Finding 2: Funding for programmes aimed at men and boys is difficult to secure and currently runs the risk of redirecting funds away from much-needed services for women and girls.

One of the main concerns of increasing the focus on masculinity within the peace and security agenda is that it will lead to the redirection of already limited funding for services aimed at women and girls.[49] Unfortunately, this research finds evidence of these concerns playing out, even within the small sample. In northern Syria, RI's efforts to initiate a PSS programme for men have forced cuts in some services for women in another location.[50] Though this was a difficult decision for the organisation to make, it was informed by a recognition of the benefits (to women) — including an overall reduction of violence — of developing a PSS programme for men. This example demonstrates how the introduction of programmes for men *without* additional funding can have negative implications for women's services that are already limited.

As explained by the organisation's staff member, this allocation of funding was only possible by framing the programme in terms of protection from gender-based violence (GBV). She explained,

> The way that we had to sell our programme to the donors was through GBV risk mitigation. We are basically teaching men and boys how to handle their negative emotions and childlike stressors, so the risk of GBV against women and girls will decrease. That's the assumption that we use in order to get the funding. But the support to men

> and boys goes way beyond that, right? It's not just under GBV. It could also be conceived [framed] within general protection, but general protection is not really well funded. Or it could be funded under the health sector where there is the Mental Health and Psycho Social Support (MHPSS) component, through which you should be able to work with no matter whom in the community.[51]

However, she then pointed out that, if funded via the health component, the programme would run the risk of being reallocated to primary health, which is always a priority. While protection from GBV is a legitimate framing given the focus of the programme, this organisation was only able secure funding for it by associating it with women's programmes rather than presenting it as a standalone men's programme.

The experience of CRS in South Sudan also demonstrates the difficulties of securing funding for men's programmes. Their trauma awareness training programme had to be initiated with private funding. It only gained donor backing after 'proving' its benefits. This shows that programmes for men are often viewed with scepticism, without recognising the benefits they bring to well-being and violence reduction.

> " Efforts to initiate a PSS programme for men have forced cuts in some services for women and girls.

Other research also demonstrates the difficulty in securing funding for programmes for men and boys where they are framed in terms of well-being. For example, a report by CARE International shows that there is a clear need for psychosocial support to men and boys amongst refugees in Greece, Turkey, and Lebanon, particularly amongst unaccompanied boys and young men in the 18–22 age bracket.

However, a lack of donor buy-in has resulted in limited services being available.[52] As the authors note, this is highly problematic given the level of depression and anxiety found amongst this demographic, which further impacts their ability to secure stable employment and safe housing.

Finding 3: There is a clear need to increase the visibility of male trauma and its implications through policymaking and research.

There is a need to make male trauma and its implications for the individual and the community more visible. Comprehensive research on conflict-

related trauma amongst men is limited. The majority of work in this area focuses on PTSD in Western servicemen.[53] Other studies have analysed trauma amongst male humanitarian staff or war journalists.[54] However, there is little emphasis on understanding trauma experienced by civilian men in FCAS.

This is an oversight given that the majority of men in FCAS are civilians, and many of them experience violence or displacement. Indeed, a 2018 review of gender research on refugees since 1985 found that 95% of it focused on women, with only 5% addressing the needs of men.[55] This unfortunately reifies the false assumption that gender is synonymous with women and leaves men's experience of conflict under-theorised. A greater emphasis on research on conflict-related trauma amongst men will contribute to raising the visibility of this important issue as well as benefiting innovation in the design and implementation of programmes.

Finding 4: Innovative programming allows for mainstreaming of PSS interventions into broader livelihood programmes and context-specific services.

In situations of chronic poverty and lack of access to resources, PSS often is not prioritised relative to programmes that cater to primary needs. Recognising this, CRS has integrated trauma awareness training into its livelihood and social cohesion programming. The rationale for this is that trauma awareness and social cohesion activities must complement the relief of chronic poverty, as opposed to being rolled out as standalone interventions. From CRS's experience, the legitimacy of bringing trauma training into communities must be supported by the provision of 'practical help' in areas such as nutrition, agriculture, broader livelihoods, and resilience programming.

Innovation in programme design can also be found in RI's programme in northern Syria, which was initially established as a series of psychoeducation workshops focusing on specific topics. Importantly, the organisation conducted a scoping exercise to identify themes men would find useful. Interestingly, the topics selected were similar to those selected by women: stress management, anger management, and how to deal with children who exhibit difficult behaviours.

Finding 5: Participants report a reduction in community and domestic violence.

Although none of the programmes examined have undergone systematic review, anecdotal evidence suggests positive responses from participants and community members – both men and women. In northern Syria, RI's programme resulted in requests for further implementation. Women have reported 'good results' in male family members who have been working on managing stress and how to 'handle their negative emotions' through the programme.

Evidence of the CRS South Sudan programme's impact is limited to the organisation's own focus group discussions (FGDs) and key informant interviews (KIIs),[56] but reports of improvements in the well-being of individuals and communities are compelling. Those interviewed explained how participants reported reduced urges to be violent toward children and spouses, and reduced impetus to seek justice through retaliatory violence after being subjected to violence or cattle raiding. What is evident is that the organisation's two-pronged approach of providing PSS for young men at the same time as livelihood support increases the success of both aspects.

GTP is currently working on an evaluation of programmes, but positive outcomes are already demonstrated through anecdotal evidence of men's willingness to engage once they have attended initial sessions. The project's representative explained how some men attend because they "think it's an interesting topic", but "after the first one or two sessions, they're hooked".

To contextualise this claim, the representative described how a facilitation in South Sudan was attended by a policeman. His initial feedback was: "No way. I'm not going to come. I'll come the first couple times and I'll get lunch and I'll get whatever, but no way am I staying." But after the first session, he was quite interested, so he came for the second. And after the second session he declared, "I have to be here!"[57]

> **"** Women have reported 'good results' in male family members working on managing stress and how to 'handle their negative emotions.'

Finding 6: Applying a masculinity lens to PSS delivery is critical to uptake and impact.

All organisations operating programmes for men described the need to approach services targeted at men through a culturally sensitive masculinity lens. The key recommendations are:

a. Avoid mental health terminology that can induce stigma.

Organisations interviewed noted the importance of avoiding mental health terminology due to the stigmatising connotations associated with it. As a local staff member in South Sudan explained, the term 'mental health' can be interpreted in very negative and extreme ways, for example, as "someone who's almost running naked in public".[58] CRS refrains from using such terminology and instead labels the programme as 'trauma awareness training', in which the participant learns what trauma is and how it affects their life. This is an empowering approach that gives the participant a sense of agency rather than treating them like a victim. In other words, participants learn to understand trauma within themselves and others, rather than having therapy done to them.

The term 'mental health' is also avoided in the Syrian case, where sessions are defined as group workshops, psychoeducation sessions or, literally, as a "group of men coming together to talk about the issues that they face, and to support each other". Similarly, the RI representative explained that their programme is framed as 'protection' rather than 'health', so it avoids being perceived as a medicalised intervention. It should be noted that mental health terminology, while stigmatising for men via its association with weakness or emotion, is also stigmatising for women. Accusations of being 'mentally ill' can have very real implications for women, such as being labelled unfit to be a wife or a mother, or being ostracized from family or society.

b. Consider group workshops to avoid stigma, and build peer support.

While gendered stigmas may act as a deterrent to men participating in support programmes, service providers noted that a workshop or group setting can reduce stigmas and encourage participation. As explained in an interview with a local CRS representative, the group format is important because it conveys the impression that individuals are not being targeted:

> "Oh, so and so is the most traumatized in the community". No, it's the entire group that's being trained to help understand themselves, the impact [of trauma], and how that has actually affected their lives generally. So, I have not seen cases of stigmatisation.[59]

Another local staff member from the same organisation noted,

> If an international person would come try to give counselling to one person, they would not accept it, as they would feel very strange. They would feel they're being laughed at as someone who is really mentally ill. They would also not trust the counsellor to not tell anyone else. They would think what is being told is being shared. There are no places to have private counselling, so they would be worried that everyone would know. This is why it's important to have them in groups, so they can feel comfortable.[60]

The RI representative in Syria also expressed how, generally, the group format is more appealing to men, at least initially. She explained that the group orientation allows for the development of a peer support network, a space to 'vent' and share experiences. However, she also cautioned that individual counselling tends to be more appropriate for LGBT persons and those who have suffered sexual violence, given the increased stigma or fear of reprisals. The organisation currently offers online individual counselling with a psychologist in Jordan, but also intends to scale up individual counselling if funding allows. However, individual counselling requires a risk-free, private venue. While health facilities may be appropriate venues for individual counselling, this service may not be possible where health services are unavailable.

c. Ensure that gender, identity, and age are taken into account in participant selection.

Respondents noted the importance of having all-male groups. In the South Sudanese context, a local representative noted how men-only groups are important in enabling individuals to open up about certain issues. He explained that there are "issues that they [men] don't want women to hear". For example, "they will not want the women to hear men accept a weakness or vulnerability". He reiterated how being comfortable with saying "this is what happened to me" – something that would not be possible if women were present – is necessary to move forward.[61] He also cautioned against bringing

together participants from different identity groups in certain contexts, noting that men will not "want anybody outside their group to hear about their vulnerabilities". Similarly, he explained that groups that cross 'age sets' can also act as an inhibiter to opening up. Certain things are easier to share within the same age group, such as "whether you are not sleeping well or if you have issues at home [..] they [the participants] might not be comfortable sharing this with elders, or an elder brother".[62]

On the other hand, a representative of GTP explained that when the facilitator is a respected older man who shares experiences and even shows emotion, it can create a feeling of safety amongst participants because they are "not the only one or the first one to admit something like this". She explained how this approach is "different from a typical Western therapy kind of perspective, where the therapist wouldn't share personal things",[63] adding that the project's facilitators are trained to share their own experiences, how they were affected, and what they've done to help themselves. This is done so that others can relate to the facilitator's experience, learn from it, and feel comfortable sharing their own stories.

An RI representative also noted the importance of male facilitators and explained how the introduction of the programme for men has created a need to employ more male staff. However, she also noted that in individual counselling there may be times when it is more appropriate to have a female counsellor. Again, this is particularly the case for LGBT persons and survivors of sexual violence.

d. Ensure scheduling fits around commitments to income generation activities.

Buy-in from participants also relies on practical scheduling that is cognisant of men's expected roles. As noted by the RI representative, men are seen as the main breadwinners, so "you need to ensure that the activities are implemented at times when men can come and participate".[64] She explained that for men's groups it has been more practical to hold a workshop on one afternoon rather than committing to shorter sessions across several weeks. Similarly, in South Sudan, trauma

awareness training lasts for two to five days so as to avoid taking too much time away from farming or other income generation activities.

Expectations of masculinity associated with income generation can result in dropouts in certain circumstances. As noted by GTP, some men drop out when they realise there is no financial reward, particularly if the programme does not draw them in sufficiently. Thus, the priority is to ensure early buy-in by developing a context-relevant programme that maintains legitimacy in the community and uses appropriate terminology and symbolism. This includes working with local facilitators and using resources that employ local references and images.

Finding 7. Engaging with moral-injury-induced trauma can be beneficial in certain circumstances.

Moral injury is often side-lined due to its association with the perpetrators of violence.[65] In PSS programming, addressing moral injury runs the risk of engaging with sensitive topics that may cross into areas of retributive or restorative justice. However, in the South Sudan case, findings from the trauma awareness training programme show that participants benefit from discussing psychosocial problems associated with the perpetration of violence. In an interview, a CRS local representative spoke of how the trauma awareness programme allows men to talk in detail "about the trauma they actually faced in the conflict". He recalled a situation when, after the second day of training, a young man opened up about how he felt after "participating in killing during cattle raiding". The man explained how "when he returned to his location [after the raid], he found his children playing. Then what came in his mind was the image of children that were killed in the war." In the sessions, the man spoke about these images and "how he had been living with that trauma for some time".[66]

While the sessions are not supposed to be a form of restorative justice or amnesty for crimes committed, the interviewee explained that opening up about these feelings of guilt in a small group is helpful in addressing 'displaced anger' that can manifest in continued violence in the community, clan, or family. He explained that "after you have committed an act [like killing], you experience the anger, the bitterness of why you have done this". The workshops are designed to reflect on these feelings as a way of dealing with anger and frustration that can produce further violence.

> **" Local representatives noted how men-only groups are important in enabling individuals to open up about certain issues.**

By engaging in discussions of past violence, the programme integrates discussion on alternatives to violence or cattle raiding as a method of securing resources. For example, the group might discuss forms of farming as an alternative that has a longer-term vision. As noted by a local representative, the less traumatised brain allows for rational thinking such as, "If I start cultivating this year and I want to marry in two or three years' time, I'll be able to produce the crops, sell them in the market, and then buy cows if I need to buy cows."[67]

Finding 8: Local legitimacy in programme design is vital in ensuring effective engagement.

Local legitimacy is vital for the success of programmes. For both the programmes in northern Syria and South Sudan, significant community engagement took place in the development of the respective initiatives and has been crucial to ensure local buy-in. Community engagement has involved close collaboration with men, women, and community leaders.

In northern Syria, the programme was, in fact, motivated by requests from women who were already involved in other RI programmes. As noted by the organisation's representative, "because our female participants recognised the positive impact of the [PSS] programmes [they had participated in]", particularly in terms of "no longer being so confrontational at home and [being] better able to communicate positively with [their] children", they suggested that "it would be really useful for their husbands, sons, or brothers to also receive this type of support".

It was noted that women spoke about how "men [in their families] did not know how to navigate these stresses positively, which increases intra-family tensions and even violence against children and against women".[68] As a result, RI conducted a scoping exercise where male community mobilisers gathered information on men's willingness to participate in psychoeducation programmes and identified themes they would like to address. Developing the programme in this manner, rather than imposing a ready-made agenda, increased the sense of ownership and legitimacy amongst participants and encouraged attendance.

Similarly in South Sudan, the CRS programme was initially implemented amongst local leaders who then recommended involving younger men:

When we designed the trauma awareness and social cohesion programme, we had to interact with the communities to find out who exactly the people were that we actually needed to train on trauma awareness. The traditional leaders were able to come back and say, okay, you have to train the leaders themselves, but then look at the youth because the young men are actually [the ones who] go to other communities to raid cattle, and they are the people who do the revenge killings. And that doesn't mean that you neglect women; no, women should also be part of the trauma awareness [in different groups], but the major focus should be on the young people who commit crimes and revenge killings.[69]

In this case, buy-in from local leaders who framed it as a violence reduction measure was vital in securing participation and responding to the needs of both the community and individuals

Conclusion

Given the link between trauma and cyclical violence, a greater focus on PSS for men is not only an issue of well-being but also of the prevention of violence in the home and the community, and at the political level. This goes beyond direct violence and has implications for violence at a more structural level. Where men are unable to contribute to society because of depression, PTSD, or substance abuse, women and girls, and the community more generally, bear an added burden.[70]

As such, failing to address trauma amongst men and boys places them at greater risk of recruitment into armed groups or involvement in other violence. This brief has provided insights into the importance of PSS programmes for men and boys in FCAS, and how and why such programmes require design that applies a masculinity lens.

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