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“I don’t know who can help”

Men and boys facing sexual violence
in Central African Republic

MISSION STATEMENT

All Survivors Project provides research to improve the global response to every survivor of sexual violence in situations of conflict and displacement. We document cases of abuse against boys and men to supplement work on girls and women to support a global response that includes all victims of violence. We are an independent, international research project working with individuals and organizations to strengthen communities by upholding the dignity of each individual.

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Sexual violence can strike anyone

KEY DEFINITIONS

Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffick, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Coercion can cover a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.¹ Sexual violence can impact any individual regardless of their gender, sexual orientation and gender identity.

Conflict-related sexual violence refers to incidents or patterns of sexual violence – rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilisation, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (for example, political strife). They also have a direct or indirect connection with the conflict or political strife itself – a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (such crimes can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator, the profile of the victim/survivor, the climate of impunity or weakened state capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.²

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences, along with unequal power relationships between genders, within a specific society. This includes physical, psychological, sexual and economic violence, threats of such violence, coercion, and other deprivations of liberty, whether occurring in public or in private spheres. The term is also used by some actors to describe targeted violence against lesbian, gay, bisexual, transgender and intersex (LGBTI) people, in these cases when referencing violence related to norms of masculinity/femininity and/or gender norms.

Intersectionality refers to a conceptual framework that looks to uncover the dynamics of different interlinked dimensions that make up an individual or group's identity. An intersectional analysis means identifying how these factors interact, to understand how people exercise power over others, or experience discrimination and oppression based on different forms of intersecting vulnerabilities, and how multiple oppressions combine to disadvantage certain groups or individuals more than others. These dimensions include gender as well as race and ethnicity, ability, sexual orientation, religion, age, and socio-economic status.³

Rape is physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object⁴ or oral penetration by a sex organ of another person, without the consent of the assaulted person, including when carried out within an intimate relationship or marriage. The attempt to commit this crime is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

1 World Health Organization (WHO), *Violence against women – Intimate partner and sexual violence against women*, 2011.

2 UN, Report of the Secretary-General on Conflict-related sexual violence, UN Doc. S/2016/361 (2016) (hereinafter Report of the Secretary-General on Conflict-related sexual violence, 2016).

3 K. Crenshaw, 'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color', in *Stanford Law Review* Vol. 43, No. 6 (July 1991), pp. 1241-1299.

4 UNHCR, 2015.

ACRONYMS

UMIRR: Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children

UNHCR: United Nations High Commissioner for Refugees

OHCHR: Office of the United Nations High Commissioner for Human Rights

MINUSCA: United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic

MISCA: International Support Mission to the Central African Republic

AU: African Union

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

ASP: All Survivors Project

GBVIMS: Gender-Based Violence Information Management System

IOM: International Organization for Migration

UNFPA: United Nations Population Fund

WHO: World Health Organization

MSF: Médecins Sans Frontières

IASC: Inter-Agency Standing Committee

FACA: armed forces of the Central African Republic

IDPs: Internally displaced people

FIDH: International Federation for Human Rights

HRW: Human Rights Watch

DRC: Democratic Republic of the Congo

ICC: International Criminal Court

SCC: Special Criminal Court

MRM: Monitoring and Reporting Mechanism on grave violations of children's rights in situations of armed conflict

MARA: Monitoring, Analysis and Reporting Arrangements on Conflict-Related Sexual Violence

MHPSS: Mental health and psychosocial support

List of armed groups, self-defence groups and factions

LRA: Lord's Resistance Army

UPC: Union for Peace

FPRC: Popular Front for the Renaissance of Central Africa

MPC: Central African Patriotic Movement

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Sexual violence can strike anyone

EXECUTIVE SUMMARY

Sexual violence against women and girls in the Central African Republic (CAR) has been described by the UN and international human rights organisations as a “weapon of war”. Although it is acknowledged that men and boys have been among the victims of sexual violence, they have not been the focus of research or investigations. As a result, the scale and nature of sexual violence against males in CAR is little understood and men and boys have not been systematically factored in to protection strategies or into the design and implementation of responses for survivors.

Research carried out in 2017 and early 2018 by All Survivors Project (ASP) sought to address this knowledge gap by exploring the extent of conflict-related sexual violence against males in CAR and the factors that contribute to male vulnerability there. Through reviews of existing literature, interviews with key informants and survivors and focus group discussions, ASP also assessed the adequacy of responses to sexual violence against men and boys with a view to identifying how these can be strengthened.

While further research is needed to determine the prevalence of sexual violence against men and boys in CAR, ASP’s findings point to a discernible pattern of male sexual victimisation that warrants urgent attention. ASP gathered data on multiple incidents, many of which took place during the past year. In Basse-Kotto prefecture, which has been the scene of fierce fighting between non-state armed groups throughout 2017, ASP recorded information on a possible 41 cases in which adult males were subjected to rape or other forms of sexual violence by members of non-state armed groups. ASP also documented 10 possible incidents of sexual violence against men and boys in or around the town of Kaga Bandoro in Nana-Grébizi prefecture in 2017 where there have also been high levels of armed violence between non-state groups fighting for control of the area.

In Obo, the capital of Haut-Mbomou prefecture in the southeast of the country, an international provider of psychosocial support and other gender-based violence services reported having received 121 male survivors of sexual violence in its facilities in the town between January and October 2017. The cases consisted of 86 men and 35 boys, of whom 93 were abused by members of non-state armed groups, predominantly the Lord’s Resistance Army (LRA). Other humanitarian organisations with which ASP spoke reported lower numbers but are nevertheless regularly assisting men and boys who have been subjected to sexual violence by armed groups.

Although it is possible that incidents of sexual violence involving men and boys have increased in the past year as insecurity spread to previously unaffected parts of the country, it is clear from secondary data that sexual violence against males is not a new phenomenon. Individual cases dating from 2003 onwards have been documented by UN investigations and human rights mapping exercises and by international human rights organisations. In addition, and despite efforts to stamp out sexual exploitation and abuse by UN peacekeepers, cases continue to be recorded in CAR.

ASP’s research points to specific circumstances in which men and boys may be more vulnerable to sexual violence and to some parallels with females in terms of patterns and profiles of victims and perpetrators. In the cases documented by ASP, sexual violence was most common during armed attacks or when men and boys were held captive by armed groups. There were also verified incidents in which men were subjected to sexual violence because they refused to join armed groups, as well as indications that boys associated with armed groups may be vulnerable to sexual violence while in the ranks.

As with women and girls, sexual violence against males appears to be used to terrorise and humiliate perceived “enemies”. In some cases, it is carried out in revenge for attacks by opposing armed groups. However, there are also incidents of opportunistic sexual attacks on men and boys

made possible by the absence of rule of law in the country and resulting impunity for criminal acts.

ASP found cases in which men were subjected to prolonged and repeated acts of sexual violence. For example, four survivors interviewed by ASP recounted similar stories in which they were captured during armed attacks by members of ex-Séléka armed groups and taken to makeshift military camps where they were held in appalling conditions and repeatedly raped and subjected to other forms of sexual violence over the course of many days. Each witnessed the rape of other men or boys detained with them. Two were forced to rape or commit other acts of sexual violence on fellow captives. Similar treatment of individuals captured by anti-Balaka or other self-defence groups has been documented by the UN.

These accounts are consistent with information from humanitarian organisations which told ASP that the male survivors they see have typically been anally raped with a penis or with objects such as sticks or guns. Incidents of gang rape have been documented, as have incidents in which males have been forced to engage in oral sex with and touch the genitals of other males: according to one human rights expert this may be a deliberate tactic to increase the sense of shame of victims by making it appear that they have engaged in a homosexual act. This is particularly stigmatising in CAR where homophobic attitudes are widespread.

ASP also compiled information from secondary sources involving cases of forced nudity, forced masturbation and of incidents in which men had their genitals beaten, mutilated and cut off, as well as other forms of harm including incidents in which women and girls were the primary victims of sexual violence but their male relatives were forced to witness the attacks. In some cases, these crimes appear to have been motivated by the intent to punish male relatives.

There are signs that cases involving male victims are beginning to be documented more proactively by UN human rights experts and that humanitarian stakeholders are looking more closely at how to ensure greater gender inclusivity in their responses. Nevertheless, ASP is concerned by an apparent working assumption among some stakeholders, including human rights, gender and child protection experts and humanitarian service providers, that sexual violence is an issue that affects only women and girls.

This type of rigid gender stereotyping has resulted in a situation in CAR where human rights stakeholders have not always been proactive in investigating incidents involving males and where humanitarian workers and other service providers are often poorly equipped to identify and respond to men and boys as victims. Even where data on sexual violence against males has been gathered, it has not been systematically shared with all relevant stakeholders and is not consistently used to inform the design of sexual violence prevention and response strategies.

Similar biases also permeate CAR society. Key informants and participants in focus group discussions expressed attitudes towards sexual violence against males that varied between lack of awareness, dismissal, denial and confusion. Approximately three quarters of focus group participants said that it is regarded as a taboo subject that cannot be discussed. Some expressed the belief that sexual violence against males did not occur in their communities. One humanitarian worker described how people often “*laugh like crazy*” if they hear about sexual violence against males: “*It’s funny for them. They can’t imagine that a man can be raped.*”⁵ To the extent that sexual violence against males is understood or acknowledged, it is perceived as shameful and a sign of weakness, so much that admitting to being a survivor of sexual violence is widely regarded as bringing shame on the survivor as well as his family and broader community. In the words of a local government official in Obo, “we consider that [male survivors] are really dirty and dishonoured.”⁶

5 Interview with an official with Médecins du Monde, Bangui, 11 September 2017.

6 Interview with local governmental official, Obo, 15 September 2017.

Faced with such attitudes, it is thought that many male survivors choose silence over the risk of rejection by their families and communities. Even if they do disclose what has happened to them or seek assistance, there is little support in place for male survivors. With only very limited public services available, much of the work to respond to sexual violence is done by international humanitarian organisations. However, many aid workers to whom ASP spoke acknowledged that there is a lack of attention to men and boys in humanitarian programming.

Although ASP found positive examples where individual agencies were successfully integrating men and boys into programme design and implementation, this did not represent a systematic or co-ordinated approach across the humanitarian community. Generally, ASP found that levels of expertise on sexual violence against males among humanitarian service providers were low and that most organisations do not provide detailed training to staff on how to recognise and respond to sexual violence against males.

Inevitably, this lack of expertise translates into the way in which programmes are rolled out. At the level of awareness-raising and sensitisation in communities this means that activities focus primarily on women and girls. Communication and other materials on sexual violence including on how and where to access support often reinforce existing stereotypes of males as perpetrators and not as victims. State-provided medical and mental health services are extremely limited and inaccessible to many survivors. Where services exist, ASP's research suggests that health professionals lack the skills and expertise to identify and provide appropriate care to adult male survivors. Moreover, a May 2017 assessment by the Global Protection Clusters' Child Protection Area of Responsibility found a critical gap in providing quality services for child survivors of sexual violence. It is of particular concern that some of the most vulnerable children, including boys associated with armed groups, are not screened as potential survivors of sexual violence on their release from these groups.

Despite the bleak picture, there are immediate opportunities to strengthen responses including via the planned National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021. This three-year strategy, which is in the process of being finalised, should provide the policy framework for all interventions to prevent and respond to gender-based violence, including sexual violence, and set out actions needed for better co-ordination and integration of responses between the national authorities, UN and non-governmental stakeholders including in the areas of data gathering, service provision, community awareness and engagement, and institutional capacity-building and training. If the National Strategy is to be fully effective, the vulnerabilities of males must be explicitly recognised and gender-specific responses included, neither of which featured in the draft seen by ASP.

The National Strategy also includes actions aimed at strengthening access to justice for victims of sexual violence, which is currently effectively non-existent for victims whether male or female. In relation to accountability, two recent developments give some cause for optimism, specifically the establishment of a Special Criminal Court (SCC) to investigate serious crimes under international human rights and humanitarian law, and the setting up of a specialised police unit, the Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children (UMIRR) to investigate crimes of sexual violence. Both are at an early stage and face significant challenges but nevertheless offer some prospect of justice to victims and present opportunities for building in a response to sexual violence against males as part of their broader work.

To contribute to these and other actions aimed at preventing and responding to sexual violence against men and boys, ASP offers the following summary recommendations:

- 1. Non-state armed groups and other armed actors must immediately cease direct attacks on civilians and indiscriminate attacks. They must issue clear, public orders to their forces to stop all sexual violence and co-operate with investigations and prosecutions for sexual violence by troops under their command by national and international authorities.**
- 2. The issue of sexual violence against men and boys should be integrated into all government, UN and NGO strategies on preventing and responding to sexual violence. Resources should be dedicated to training and strengthening capacity taking into account the specific needs of male survivors.** The process of finalising the National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021 provides an immediate opportunity to ensure that strategies and responses are gender inclusive. All other relevant strategies, plans and standard operating procedures should also be urgently reviewed to ensure gender inclusivity and at the same time specificity of the response. Funding appeals should likewise be revised to reflect any additional resources needed to ensure that programming and the provision of services for male survivors is not to the detriment of women and girls who have suffered sexual or other forms of gender-based violence.
- 3. Data gathering and safe, anonymous information sharing on sexual violence against men and boys should be strengthened as part of broader efforts to monitor and report on conflict-related sexual violence.** Consistent definitions and standards for data collection should be agreed across all agencies, mechanisms and processes for monitoring and reporting sexual violence to ensure accurate and consistent monitoring, investigation, recording and reporting of incidents of sexual violence against males. Vulnerable groups such as children associated with armed forces and armed groups and internally displaced persons should be systematically screened to identify men and boys who may have been subjected to sexual violence. Facilities (such as listening centres and child friendly spaces) should be designed to encourage and support confidential, safe access to and reporting by male survivors. This should include availability of confidential spaces and well-trained male and female staff.
- 4. All relevant national and international stakeholders should receive training on how to respond to sexual violence that is grounded in inclusive understandings of sexual and gender-based violence.** Every institution or organisation involved in preventing or responding to sexual violence should ensure that all staff are trained and have an in-depth understanding of sexual violence against men and boys and on distinctions and connections between gender, sexuality, sexual orientation and sexual violence. All service providers should also be trained on how and why to refer male survivors for medical, mental health, psychosocial and other appropriate support.
- 5. Awareness raising and sensitisation activities on sexual violence should be gender inclusive and communities should be trained and supported to identify and support male survivors.** Concerted effort is needed to build broader awareness of sexual violence against males in CAR and to counter the stigma associated with it. This is long-term work that will require a cultural shift but which is essential to creating an environment in which men and boys are better protected and in which male survivors can be supported.
- 6. Humanitarian programmes and state-provided medical, mental health and**

psychosocial services must be strengthened so that they are available to all survivors of sexual violence and should be gender inclusive. Accelerated efforts are needed to strengthen available services and gender-specific and age-appropriate services and men and boys integrated into programme design and delivery. Existing examples of good practice in responding to male survivors should be built upon and men and boys consulted on their design and implementation. Minimum responses must include immediate access to survivor-centred, quality, free, confidential medical care for men and boys; safe and confidential referral systems for male survivors; access to psychosocial support for male sexual violence survivors and, if needed, for their family members; and specialised services for child survivors of sexual violence including boys.

- 7. Impunity for crimes of sexual violence must end and victims' right to remedy must be fulfilled including by holding perpetrators to account and providing comprehensive reparations to survivors, including compensation and guarantees of non-repetition.** Accelerated action is needed to strengthen the capacity of national criminal justice stakeholders to investigate and prosecute crimes of sexual violence and to fully operationalise the SCC. These institutions should have dedicated capacity and expertise to effectively address sexual violence including against men and boys. The UMIRR must be accessible to male survivors and should proactively investigate reports of sexual violence against men and boys. In the meantime, individuals against whom there are credible allegations of serious human rights violations, including sexual violence, should be barred from holding public office and removed from the security forces.
- 8. Strengthen strategies and actions to protect men and boys against sexual violence.** Effective protection against sexual violence requires a high level of co-ordination among agencies involved in protection. This co-ordination does not currently exist in CAR nor does a shared understanding of the extent and nature of sexual violence against males. Protection of men and boys from sexual violence should be factored into strategies and actions to protect civilians from physical violence, including physical protection by military peacekeepers and political engagement with armed groups. The UN must in turn ensure that its military, police and civilian personnel comply with the UN "zero tolerance" policy on sexual exploitation and abuse.

I. BACKGROUND

“There is total insecurity in the country. You are not safe. You cannot go for a walk, have fun, whatever you want, because you can expect that at any time, someone can rob you or shoot you.”⁷

The Central African Republic (CAR) has suffered successive coups and armed violence since its independence in 1960. The most recent armed conflict began in late 2012 when the predominantly Muslim rebel groups known as the Séléka (“Alliance”) launched a military campaign culminating in the overthrow of President François Bozizé in March 2013.⁸ In response to the takeover and ensuing violence, local defence groups known as anti-Balaka (“anti-machete”) emerged in late 2013. Together with associated groups including some former elements of the armed forces of the Central African Republic (*Forces Armées Centrafricaines*, FACA) they carried out retaliatory attacks in which Muslim civilians were frequently targeted.⁹ By December 2013, the conflict had claimed thousands of lives and caused more than 235,000 people to flee to neighbouring countries while another 825,000 people were internally displaced.¹⁰

In January 2014 in the face of spiralling violence, the Séléka leader, Michel Djotodia, who had proclaimed himself President following the coup, was forced to resign and a transitional government was set up the same month under the leadership of President Catherine Samba-Panza. Delayed presidential and legislative elections took place in March 2016 and a new government under the presidency of Faustin-Archange Touadéra was installed in April that year. However, after a brief lull in the violence, the security situation deteriorated again in late 2016 with armed groups multiplying and continuing to operate across much of the country.

The Séléka, which was formally disbanded in September 2013, in reality simply split into different, sometimes rival, factions, often referred to as ex-Séléka. Among the most prominent of these are the Union for Peace (*l’Union pour la Paix en Centrafrique*, UPC), the Popular Front for the Renaissance of Central Africa (*Front Populaire pour la Renaissance de la Centrafrique*, FPRC) and the Central African Patriotic Movement (*Mouvement Patriotique pour la Centrafrique*, MPC). Meanwhile, self-defence groups have proliferated.¹¹ There are also criminal gangs engaged in banditry, although the distinction between these gangs and non-state armed groups is not always clear.¹² Foreign non-state armed groups have also been active in CAR, most notably the Lord’s Resistance Army (LRA) which originates from Uganda but which infiltrated CAR in 2008 and has been responsible for numerous attacks on the civilian population there.¹³

From August 2016, tension and mistrust between the ex-Séléka and the anti-Balaka groups, as well as internal rivalry among ex-Séléka factions for control of territory and natural resources increased and led to outbreaks of violence including in Nana-Grébizi, Nana Mambéré, Ouham and Ouaka prefectures. In 2017, violence spread eastwards to previously unaffected parts of the country including Haute-Kotto and Mbomou.¹⁴ In the far southeast, the disengagement in 2017 of the US

7 Focus group discussion, Bangui, 26 September 2017.

8 François Bozizé came to power in 2003 as a result of a military coup.

9 CAR has a majority Christian or animist population, with a significant Muslim minority.

10 OHCHR, *Reporting of the Mapping Project documenting serious violations of international human rights law and international humanitarian law committed within the territory of the Central African Republic between January 2003 and December 2015*, 2017 (hereinafter *OHCHR Mapping Report*, 2017), www.ohchr.org/EN/Countries/AfricaRegion/Pages/CARProjetMapping2003-2015.aspx

11 See Final report of the Panel of Experts on the Central African Republic extended pursuant to Security Council resolution 2339, UN Doc. S/2017/1023 (2017), paras. 61-67 (hereinafter *Final report of the Panel of Experts on CAR*, 2017), www.un.org/sc/suborg/en/sanctions/2127/panel-of-experts/reports

12 International Crisis Group, *Central African Republic: The Roots of Violence*, 2015, www.crisisgroup.org/africa/central-africa/central-african-republic/central-african-republic-roots-violence

13 For further information on the LRA and its operations in CAR see Human Rights Watch, *Ten Questions about the drawdown of the US Counter LRA-Operation*, 2017, www.hrw.org/news/2017/06/19/ten-questions-about-drawdown-us-counter-lra-operation

14 For further information on specific incidents see MINUSCA reports: *Report on the Human Rights Situation in Central African Republic from 1 April 2016 to 31 March 2017*; *Violations and Abuses of Human Rights and Violations of International Humanitarian Law by the FPRC Coalition and the UPC in Haute-Kotto and Ouaka between 21 November 2016 and 21 February 2017*; and *Special Report on Kaga-Bandoro Incidents, 12-17 October 2016*, <https://minusca.unmissions.org/en/human-rights-0>

special operations forces and the Ugandan military contingents sent by the African Union (AU) Regional Task Force to counter the LRA caused a security gap. Armed groups exploited this breach left by departing international forces and triggered “an explosion of violence” in Mbomou and Haut-Mbomou prefectures.¹⁵ As of December 2017, 14 non-state armed groups controlled an estimated 60-70% of the country¹⁶ with successive mediation efforts and peace deals so far failing to bring an end to the fighting.¹⁷

Against this backdrop, there has been a long history of international military support operations in CAR. An AU-led force, the International Support Mission to the Central African Republic (MISCA), was deployed in 2013.¹⁸ French military forces, which had long been present in CAR, were strengthened and tasked with supporting MISCA to implement its mandate. Known as the Sangaris Forces, which at full strength were around 2,000 strong, it formally ended operations in October 2016. High levels of on-going violence prompted the UN Security Council, on 10 April 2014, to authorise the establishment of the UN Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA). It remains in place with a core mandate to protect civilians, promote and protect human rights, facilitate humanitarian access, support the political process, justice and the rule of law, and to support disarmament, demobilisation, reintegration and repatriation (DDRR) processes.¹⁹ EU forces have also been deployed in CAR, initially in 2014 to support MISCA and subsequently in an advisory and training capacity to national military forces.²⁰

The conflict has created both a human rights and a humanitarian crisis in CAR. A mapping of human rights violations between 2003 and 2015 by the Office of the High Commissioner for Human Rights (OHCHR Mapping Report) found that grave violations of human rights and humanitarian law had been committed by state armed forces and non-state armed groups that could amount to war crimes or crimes against humanity. The Mapping Report details multiple incidents, including “horrific accounts of entire villages being burnt to the ground in reprisal attacks; multiple accounts of gang rapes of women and girls as young as five; extra-judicial killings; deaths following severe torture or ill-treatment in detention centres; serious violence against people on the basis of their religion, ethnicity or perceived support for armed groups; the recruitment of thousands of children by armed groups; and attacks on both humanitarian actors and peacekeepers”.²¹

Since then, the situation has worsened. The UN reported that the human rights situation had deteriorated significantly in mid-2017 and, in a period of just three months to October 2017, documented 809 violations of international human rights law and international humanitarian law affecting nearly 1,200 victims.²² The UN and others have repeatedly called for an end to impunity in CAR and for the establishment of processes to hold perpetrators to account and to deliver justice to victims. However, little tangible progress has been made and impunity remains deeply entrenched.

The already grave humanitarian situation also deteriorated in 2017 when violent clashes and inter-

15 See International Crisis Group, *Avoiding the Worst in Central Africa*, 2017, www.crisisgroup.org/africa/central-africa/central-african-republic/253-avoiding-worst-central-african-republic; Invisible Children, *LRA Crisis Tracker*, 2017, <https://reliefweb.int/report/central-african-republic/lra-crisis-tracker-2017-midyear-brief>

16 In addition to the UPC, FPRC and MPC, these include the Democratic Front of the Central African People (*Front démocratique du peuple centrafricain*, FDPC); the Movement of Central African Liberators for Justice (*Le Mouvement des libérateurs centrafricains pour la justice*, MLJC) and Return Reclamation Rehabilitation (*Retour Reclamation Rehabilitation*, 3R).

17 Most recently, on 19 June 2017, the government and 13 of 14 armed groups active in the country signed a ceasefire agreement mediated by the Roman Catholic Community of Sant’Egidio, although this was quickly broken. A separate mediation initiative, known as the “African Initiative for Peace and Reconciliation” supported by Chad, Angola, Republic of the Congo, ECCAS and the International Conference of the Great Lakes Region was launched in early 2017. For details about the initiative, see International Crisis Group, *Avoiding the Worst in Central Africa*, 2017.

18 MISCA was authorised by the AU Peace and Security Council on 19 July 2013 and subsequently by the UN Security Council through the adoption of Security Council resolution 2127 of 2013.

19 See MINUSCA’s Mandate, <https://minusca.unmissions.org/en/mandate>

20 See EU Military training mission in the Central African Republic (EUTM RCA), https://eeas.europa.eu/csdp-missions-operations/eutm-rca_en

21 OHCHR Mapping Report, 2017.

22 UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017).

communal tensions resulted in widespread forced displacement. As of January 2018 more than 688,000 Central Africans were internally displaced and an additional 546,000 people had fled to neighbouring countries. Today, half of the population amounting to 2.5 million people is in need of humanitarian assistance.²³ Under the Humanitarian Response Plan for 2018, US\$515.6 million is requested to meet the most urgent needs. The 2017 Humanitarian Response Plan is, at the time of writing, only 39% funded.²⁴

II. OBJECTIVES AND METHODOLOGY

This report focuses on sexual violence against men and boys in CAR in the context of the armed conflict.²⁵ It focuses primarily on conflict-related sexual violence committed by non-state armed groups since 2013, although reference is also made to historical cases and to sexual violence against boys by international military personnel including peacekeeping forces. All Survivors Project (ASP) did not document cases of sexual violence by state forces and as such these are not included in the report. (See “Limitations of the research” below.) This report is based on research conducted by ASP in 2017 and 2018 in CAR which was undertaken to:

- Explore the extent of conflict-related sexual violence against men and boys and identify factors that contribute to male vulnerability to sexual victimisation;
- Assess the adequacy of responses (medical, psychosocial, safety and legal) for male survivors of sexual violence;
- Assess the effectiveness of measures to protect men and boys against sexual violence.

Research methodology included a desk review of publicly available literature, interviews with survivors, key informant interviews and focus group discussions. Field research took place from 10 September to 13 October 2017 in the capital, Bangui, and in Obo, the capital of Haut-Mbomou prefecture in the southeast of the country.²⁶ During the field research, ASP interviewed 61 national and international key informants including representatives from the Ministry of Social Affairs and National Reconciliation; local leaders; UN military and civilian peacekeeping officials; gender-based violence experts; national and international humanitarian workers; health professionals; and criminal justice stakeholders including representatives of the Special Criminal Court, the Judicial Police Services (*Direction Service Police Judiciaire*), and the newly established police unit, the Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children (*Unité Mixte d'Intervention Rapide et de Répression des Violences Sexuelles Faites aux Femmes et aux Enfants*, UMIRR). Additional and follow-up phone and Skype interviews were carried out during November and December 2017 and January 2018. ASP also interviewed four survivors and two direct witnesses of sexual violence.²⁷

Eight focus group discussions were also undertaken (four in Bangui and four in Obo) with a total of 53 participants to explore awareness of and attitudes towards sexual violence against males among different sectors of the population, specifically: professionals whose work could bring them into contact with male survivors including, among others, medical professionals, humanitarian

23 UN Office for the Coordination of Humanitarian Affairs (OCHA), Central African Republic, www.unocha.org/car

24 OCHA, *Review of humanitarian action in the Central African Republic in 2017, 2018*, <https://reliefweb.int/report/central-african-republic/ocha-central-african-republic-information-note-press-conference>

25 The term sexual violence is used interchangeably with conflict-related sexual violence throughout the report. ASP uses the definition of conflict-related sexual violence as defined in the Report of the Secretary-General on Conflict-related sexual violence, 2016. See key definitions.

26 Obo was selected as the second site of research because, although affected by armed violence, it was relatively secure and risks to research participants could therefore be managed.

27 The small number of direct testimonies was due to the short length of the field mission which limited the time available to identify survivors, as well as concerns about the security and wellbeing of survivors and witnesses which meant that ASP relied more heavily on information provided by those working with survivors and other secondary sources.

workers and experts on gender-based violence; individuals with leadership roles in the community, including members of the clergy, neighbourhood chiefs, political officials, youth leaders, and leaders of communities of internally displaced persons (IDPs); and representatives of civil society, including vendors, farmers and students. With the exception of one person, all focus group participants were from Bangui or Obo, although some had previously been displaced. All were male with the exception of one person. Ages ranged from 19 to 69 years. Each focus group discussion lasted approximately three hours.

Interviews with key informants were conducted in French and English by the researcher and interviews with survivors in Sangho (a language widely spoken in CAR) with interpretation provided by a local translator with experience of working with survivors of sexual violence. Focus group discussions were conducted in French with interpretation into Sangho. Responses were recorded and transcribed by the researcher.

All research was conducted in accordance with Institutional Review Board (IRB) approvals obtained through the University of California, Los Angeles (UCLA) School of Law and in line with IRB ethical guidelines.²⁸ A referral system for survivors was established in advance of the field research and survivors who had been interviewed were provided with information on where they could access free, confidential medical care and psychosocial support. ASP also followed up with intermediaries to check on the wellbeing of the men after the interviews. Pseudonyms are used in the report for the four survivors to protect their identities. ASP has also respected requests by some key informants for confidentiality.

Limitations of the research

Security conditions required that field research be limited to two locations although many key informants represented organisations that are present in other places and therefore able to provide information on the situation elsewhere. Our research does not include violations by state armed forces and only covers information on violations by non-state armed groups. Representatives of non-state armed groups approached by ASP were unwilling to comment or could not be reached.

Accessing Muslim communities was particularly challenging. This was in part due to limited access arising from security concerns: Muslims are a minority in CAR²⁹ and they live primarily in the northeast of the country therefore limiting to ASP's researcher access. However, it also reflects the deep-seated discrimination against them and their consequent marginalisation in public life. Few Muslims seem to hold official positions in government and they are far less likely to be employed by I/NGOs as compared to Christians. Waves of armed attacks on Muslim communities over the years have caused hundreds of thousands to flee the country and left many of those that remain living in segregated areas in Bangui and elsewhere. Despite efforts to reach out to them through local interlocutors, most were unwilling to participate in ASP research, citing fear for their security and discomfort at discussing sexual violence. As a result, the majority of CAR nationals who participated in the research were Christian.

28 A summary of IRB ethical guidelines are available on ASP's website, www.allurvivorsproject.org

29 While recent numbers are not known, an older estimate indicates that 10% of the country's population is Muslim according to the Ministère du Plan et de l'Economie, *Le Pays*, 2011, <https://web.archive.org/web/20101210162730/http://www.minplan-rca.org/pays>

III. MEN AND BOYS AT RISK TOO: PATTERNS AND PERCEPTIONS OF SEXUAL VIOLENCE AGAINST MALES

MEN AND BOYS NOT BEING COUNTED

The UN and international human rights organisations have described the use of sexual violence against women and girls in CAR as a “weapon of war”.³⁰ Many hundreds of cases of conflict-related sexual violence involving females have been documented. Although reports typically acknowledge that men and boys are also among the victims, they have not been the focus of research or investigations. As a consequence, relatively little is known about the nature and scale of sexual violence against males. Further research is needed to establish a comprehensive picture and to provide prevalence estimates. However, ASP’s findings indicate that there is a discernible pattern of victimisation of men and boys that warrants urgent attention.

Under-reporting and a lack of reliable data on sexual violence have been repeatedly raised as a problem in CAR.³¹ While certainly true for women and girls, it may be even more so for men and boys. This is attributable, at least in part, to limited awareness and understanding of risks and vulnerabilities of males to sexual violence. In CAR, there appears to have been a working assumption among many stakeholders, including human rights, gender and child protection experts and humanitarian service providers, that sexual violence affects mostly women, an assumption based on rigid gender stereotypes. This apparent blind spot means that human rights experts have not always been proactive in investigating incidents involving males. Humanitarian workers and other providers of services to survivors are often poorly equipped to identify and respond to violations against men and boys. Even where data on sexual violence against males is gathered, it is not systematically shared with all relevant stakeholders and is not consistently used to inform the design of sexual violence prevention and response strategies.

There are signs that this is slowly changing. For example, in 2017 MINUSCA and the Panel of Experts to the UN Sanctions Committee on CAR documented cases of sexual violence against men and boys (see below). Representatives of UN agencies and humanitarian organisations with whom ASP spoke also indicated their intention to increase the focus on men and boys. For example, the gender-based violence Sub-cluster (GBV Sub-cluster), an inter-organisational mechanism responsible for co-ordinating the humanitarian community’s response to and prevention of gender-based violence, is currently undertaking a review of existing data on sexual violence against males. It is also looking at ways in which men and boys can be more involved in prevention and protection interventions by humanitarian stakeholders, not only as targets but also as partners; how activities designed to sensitise communities to gender-based violence can better include information on sexual violence against males and how to respond; and whether specific interventions targeting men and boys are needed.³²

During its research, ASP gathered information on sexual violence against men and boys from a range of sources and interviewed male survivors and witnesses to contribute to these efforts and to raise awareness of these abuses more broadly. ASP’s findings suggest that men and boys are significantly more vulnerable to conflict-related sexual violence in CAR than previously assumed.

Between mid-2015 and mid-2017, MINUSCA verified just two cases of conflict-related sexual

30 See, OHCHR Mapping Report, 2017; Human Rights Watch, “*They Said We Are Their Slaves*”: *Sexual Violence by Armed Groups in the Central African Republic*, 2017 (hereinafter HRW, “*They Said We Are Their Slaves*”, 2017), www.hrw.org/report/2017/10/05/they-said-we-are-their-slaves/sexual-violence-armed-groups-central-african; and Amnesty International, *CAR: Civilians facing atrocities in Basse-Kotto as UN protection proves ineffective*, 2017 (hereinafter Amnesty International, *CAR: Civilians facing atrocities in Basse-Kotto*, 2017), www.amnesty.org/en/latest/news/2017/09/central-african-republic-civilians-facing-atrocities-in-basse-kotto-as-un-protection-proves-ineffective/

31 See for example, OHCHR Mapping Report, 2017, which notes that practical and procedural barriers to filing criminal complaints as well as stigma and shame preclude many from reporting; and HRW, “*They Said We Are Their Slaves*”, 2017.

32 Email communication with UN Population Fund (UNFPA) official, 15 January 2018.

violence against boys.³³ A MINUSCA representative explained to ASP that while they accept the possibility that sexual violence against males may be more prevalent, until mid-2017 they had not received evidence to suggest that this was the case.³⁴ However, since mid-2017, MINUSCA has verified 13 cases involving males and is in the process of investigating others. The 13 cases include 10 men and one boy who were subjected to sexual violence in the context of attacks by non-state armed groups in Basse-Kotto prefecture and an incident in Bria on 13 October 2017 in which two men were forced by anti-Balaka elements to publicly rape women to punish them for “witchcraft”.³⁵

ASP’s interviews with male survivors of sexual violence also suggest a broader pattern of sexual violence against men and boys during 2017. Two of the survivors were victims of sexual violence by armed group elements in Basse-Kotto in the first half of 2017. Both claim to have also witnessed the rape of other men who were held captive with them. Based on their accounts, UN verified cases and other sources, ASP gathered data on 41 possible male victims of sexual violence in Basse-Kotto alone during 2017. (For further details see “Male victims of sexual violence in Basse-Kotto in 2017” below.) Another man, who was raped by members of an armed group in Kaga Bandoro in April 2017, also described witnessing sexual violence against six other men and one boy detained with him. (For further details see “Male survivors of sexual violence from Kaga Bandoro” below.) Collectively, ASP has gathered information on 50 men and one boy who were sexually victimised in Basse-Kotto and Kaga Bandoro in 2017.

Men and boys have also presented to humanitarian organisations involved in delivering assistance to survivors of gender-based violence. One INGO with operations in Obo told ASP that it received 121 male survivors of sexual violence in its facilities between January and October 2017. Three quarters (93) of reported perpetrators were members of non-state armed groups.³⁶ An official with the International Organization for Migration (IOM) told ASP that its partners typically report seeing around 20 male survivors of sexual violence each month, mostly from Alindao and Bangassou in Mbomou prefecture, Mobaye in Basse-Kotto prefecture, Bria in Haute-Kotto prefecture, Zemio in Haut-Mbomou prefecture and Kaga Bandoro in Nana-Grébizi prefecture. According to the IOM official, perpetrators were in all cases reported to be members of non-state armed groups.³⁷

Other humanitarian organisations with which ASP spoke reported receiving lower numbers but were nevertheless seeing male survivors of sexual violence on a regular basis. For example, an INGO working with conflict-affected children said that it typically treats or receives reports of sexual violence against boys several times a month. Many (but not all) cases are conflict-related, including boys who were subjected to sexual violence while in the ranks of armed groups.³⁸ (See “Sexual violence against boys” below.)

Cases of sexual violence against men and boys are also captured by the Gender-Based Violence Information Management System (GBVIMS), a UN Population Fund (UNFPA)-led mechanism which gathers and collates information on gender-based violence from participating humanitarian organisations (some of whom ASP also spoke to directly).³⁹ It is unclear from publicly available information how many GBVIMS-recorded cases constitute sexual violence or conflict-related sexual violence cases as opposed to other forms of gender-based violence. However, GBVIMS’ monthly reports for January to August 2017 record more than 600 incidents of gender-based violence involving men or boys in CAR, and it is notable that non-state armed groups and state security

33 Other cases involving violence of a sexual nature against males have been documented by MINUSCA but were not considered by them to fall within the definition of conflict-related sexual violence. See “Sexual violence against boys” below.

34 Interview with MINUSCA official, Bangui, 28 September 2017.

35 Email communication with UN official, Bangui, 21 December 2017.

36 Interview with humanitarian worker in Obo, 21 September 2017. Other cases were attributed to “community members”.

37 Interview with IOM official, Bangui, 12 September 2017 and phone interview with the same official on 22 January 2018.

38 Phone interview with representative of an international humanitarian organisation, Bangui, 11 January 2018.

39 The GBVIMS was developed by UN agencies and NGOs to help service providers and co-ordinating agencies to achieve best practices in data collection and data sharing and to assist humanitarian actors and service providers with the management of their information on gender-based violence.

forces are listed each month as being responsible for a quarter of overall recorded incidents.⁴⁰

According to an IOM official incidents of sexual violence against men and boys apparently increased in 2017 as insecurity spread to previously unaffected parts of the country.⁴¹ However, it is unclear whether this is the product of an increase in all forms of sexual violence overall, increased targeting of men and boys by parties to the armed conflict, more concerted efforts by human rights stakeholders to document the cases and/or new efforts by humanitarian organisations to facilitate reporting by men and boys.

However, this abuse is not a new phenomenon. The GBVIMS, for example, recorded a significant number of cases involving men and boys in its 2016 Annual Report: of the 11,110 recorded cases for CAR that year 14%, or approximately 1,555 cases, involved crimes against men or boys.⁴² Again, it is unclear how many of these cases fall within the definition of conflict-related sexual violence.⁴³ The UN Secretary-General's 2016 Annual Report on Conflict-related sexual violence also noted high levels of sexual violence in CAR in 2015.⁴⁴

Incidents from previous years involving men and boys have also been documented by other sources. For example, OHCHR's Mapping Report, which compiled data from multiple sources on serious human rights and international humanitarian law violations between January 2003 and December 2015, includes information on past incidents of sexual violence against men or boys in 2003, 2009, 2011 and 2015. The 2014 report of the International Commission of Inquiry on CAR, which investigated violations that occurred around the 2013 coup, refers to reports of at least seven men who had been subjected to sexual violence in Bouar, the capital of Nana-Mambéré prefecture, and another case in which a young man was raped by a Séléka fighter in Bangui in 2013.⁴⁵ (See "Sexual violence against males in the context of the 2013 coup" below.)

Individual cases involving men and boys have also been documented by international human rights organisations including Amnesty International, Human Rights Watch and the International Federation for Human Rights (FIDH) over the past 15 years.⁴⁶ Cumulatively, these do not amount to the same widespread pattern of sexual violence that has been documented against women and girls in CAR, but greater attention to sexual violence against males may well result in many more cases being revealed.⁴⁷

MEN AND BOYS LEFT OUT OF THE ANALYSIS

Existing documentation also offers little in terms of understanding the circumstances surrounding this abuse. For example, the GBVIMS acknowledges in its 2016 Annual Report that the percentage of cases involving males is "not negligible" (as noted, 14% of recorded cases in 2016). However, the report does not provide any insight into underlying causes or specific vulnerabilities of men and

40 ASP's request to GBVIMS for additional information had not been responded to at the time of writing. Monthly statistics are available at www.humanitarianresponse.info/en/operations/central-african-republic/documents/bundles/17903

41 Interview with IOM official, Bangui, 12 September 2017.

42 Of the overall 11,110 cases, 8,797 involved sexual violence and 2,313 involved other forms of gender-based violence.

43 See, GBVIMS, *Rapport Annuel des Incidents de VBG 2016*, 2017, http://reliefweb.int/sites/reliefweb.int/files/resources/rapport_annuel_incidents_vbg_2016_gbvims_rca-2.pdf

44 Report of the Secretary-General on Conflict-related sexual violence, 2016, para. 26.

45 The International Commission of Inquiry was established by UN Security Council resolution 2127 of 2013. See International Commission of Inquiry on the Central African Republic, Final Report, UN Doc. S/2014/928 (2014) (hereinafter International Commission of Inquiry Final Report, 2014).

46 See for example Amnesty International, *Five months of war against women*, 2004, www.amnesty.org/en/documents/afr19/001/2004/en/; FIDH, "All I Want is Reparation", *Views of victims of sexual violence about reparation in the Bemba case before the International Criminal Court*, 2017, www.fidh.org/IMG/pdf/rca705ang.pdf; and HRW, "They Said We Are Their Slaves", 2017.

47 The few prevalence studies on conflict-related sexual violence to include both male and female respondents, conducted in the Democratic Republic of the Congo (DRC) and Liberia, found alarmingly high victimisation rates among both women and men. See, K. Johnson et al., 'Association of sexual violence and human rights violations with physical and mental health in territories of the Eastern Democratic Republic of the Congo', in *Journal of the American Medical Association*, Vol. 304, No. 5 (2010); and K. Johnson et al., 'Association of combatant status and sexual violence with health and mental health outcomes in post-conflict Liberia', in *Journal of the American Medical Association*, Vol. 300, No. 6 (2008).

boys. Instead, GBVIMS and other public reports, including OHCHR's Mapping Report, focus their analysis on the unequal gender relations, discrimination and marginalisation which underpin the high-rates of sexual violence against women and girls. While such analysis is undoubtedly true, it fails to take account of the dynamics behind the victimisation of men and boys.⁴⁸

Moreover, the data that is gathered on sexual violence is not systematically shared among relevant stakeholders. This increases the difficulty of obtaining a full picture and developing co-ordinated strategies to respond. In CAR as elsewhere, there are multiple actors involved in gathering data and investigating cases of sexual violence. These include the GBVIMS, MINUSCA's human rights division, the Monitoring and Reporting Mechanism on grave violations of children's rights in situations of armed conflict (MRM), the Monitoring, Analysis and Reporting Arrangements on Conflict-Related Sexual Violence (MARA), the UN Independent Expert and the Panel of Experts to the UN Sanctions Committee on CAR. Although there is some overlap, information sharing is weak. The different purposes for which data is gathered, the different methods employed and the lack of agreed definitions of conflict-related sexual violence sometimes means that information is not always understood in the same way, limiting comprehensive analysis. Sharing of information, even at the level of patterns and trends, appears also to have been hampered in the past by poor relations between some key stakeholders.⁴⁹

In addition, data sharing on sexual violence requires careful management to ensure the safety and privacy of survivors. Humanitarian organisations face particular sensitivities around the implications of data sharing for their relations with the communities they serve, as well as the security of their staff and programmes. These concerns must be addressed while developing ways to share anonymised information more broadly. Without a basic shared understanding of the scope and nature of sexual violence, responses will be at best only partial and, at worst, affected populations such as men and boys will not be served at all.⁵⁰

“NO ONE LOOKING OUT FOR MEN AND BOYS”

Humanitarian guidance on data sharing

Humanitarian standards include strict ethical standards that must be followed when sharing data on sexual violence, with an emphasis on safety, security, confidentiality and informed consent of those providing information. Within these constraints, data sharing among relevant stakeholders is envisaged in various humanitarian guidelines:

- The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) recommend that agencies consider, where appropriate, sharing information with human rights organisations, for example the sharing of anonymous testimonies of survivors for advocacy purposes;⁵¹
- GBVIMS' Gender-Based Violence Information Sharing Protocol Template and Guidance (2014) recognises that information sharing is an essential component of inter-agency gender-based violence co-ordination and collaboration which can help illustrate trends, highlight gaps in programming and strengthen advocacy for improved programming. It also recognises that sharing information with others may help strengthen responses by, for example, other service providers, GBV Sub-cluster members, and with UN agencies with protection mandates;⁵²

48 GBVIMS, Rapport Annuel des Incidents de VBG 2016, 2017; and OHCHR Mapping Report, 2017.

49 According to Nicola Dahrendorf, the former director of MINUSCA's Conduct and Discipline Team, there seemed to be a particular distrust by humanitarian agencies of MINUSCA in early to mid-2017. Phone interview, 13 November 2017.

50 ASP was informed that UNFPA and MINUSCA are in the process of agreeing to sign a protocol for data sharing. Phone interview with UNFPA official, 13 January 2018.

51 Available at www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

52 Available at www.gbvims.com/wp/wp-content/uploads/ISP-Package-August-2014.pdf

ICRC Guidelines on Professional Standards for Protection Work carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence (2009) includes minimum standards on data sharing including:

- Protection actors should seek to share their analyses in order to contribute to a better understanding of protection issues and their impact on various populations at risk;
- Protection actors must encourage the involvement of other protection actors with the requisite competencies and capacity where important, unmet protection needs are suspected;
- When a protection actor learns of serious abuse or violations of international humanitarian or human rights law, and it lacks the capacity or the requisite mandate to take action, it should alert other organisations which may have this capacity or mandate.⁵³

THE NATURE OF SEXUAL VIOLENCE AGAINST MEN AND BOYS IN CAR

ASP's research in CAR suggests that there are particular circumstances in which sexual violence against men and boys takes place, and that there are some parallels with females in terms of patterns and profiles of victims and perpetrators. Sexual violence appears to be most common during armed attacks or when men and boys are held captive by armed groups. There are also verified incidents in which men have been subjected to sexual violence because they have refused to join armed groups, as well as indications that boys associated with armed groups may be vulnerable to sexual violence while in the ranks.

As with women and girls, sexual violence against males appears to be used to terrorise and humiliate enemy groups. In some cases, it is carried out in revenge for attacks by opposing armed groups. However, there are also incidents of opportunistic sexual attacks on men and boys made possible by the absence of rule of law in the country and resulting impunity for criminal acts. Socio-economic status is also a factor in so far as most people living in areas of high insecurity are poor, lack formal education and are often involved in subsistence activities such as farming, fishing, hunting or small-scale trading, which necessitates their movement into remote, even more insecure areas.

ASP's interviews with witnesses and survivors show that sexual violence against males can be prolonged and repeated. In the case of the four survivors interviewed by ASP, all had been subjected to multiple rapes and other forms of sexual violence. All four are Christian and were captured by the predominantly Muslim ex-Séléka groups during armed attacks on their town or village. They were taken to makeshift military camps where they were held in appalling conditions and repeatedly raped over the course of many days. Each witnessed the rape of other men or boys detained with them, and two of the men were forced to rape or commit other acts of sexual violence on fellow captives (see below). Similar treatment of individuals captured by the predominantly Christian anti-Balaka or other self-defence groups has been documented by the UN (see below).

These accounts of rape are consistent with information from humanitarian organisations who told ASP that the male survivors that they see have typically been anally raped with a penis or other objects, such as sticks or guns. Cases of gang rape of men and boys have also been documented.⁵⁴ Another international human rights expert investigator reported a pattern in which men are forced to give oral sex to and touch the genitals of other males. In his analysis, this is a deliberate tactic intended to degrade the victims by engaging them in a same-sex act, which, due to homophobic

⁵³ Available at www.icrc.org/eng/assets/files/other/icrc_002_0999.pdf

⁵⁴ Interview with local humanitarian worker in CAR from an NGO focusing on children, Bangui, 12 September 2017. Also see, Final report of the Panel of Experts on CAR, 2017.

attitudes in CAR, could be particularly stigmatising and shameful for the victims.⁵⁵ ASP also compiled information from secondary sources involving cases of forced nudity, forced masturbation and of incidents in which males had their genitals beaten, mutilated and cut off (see below).

ASP also learnt of other forms of harm to which men are subjected, including incidents in which women and girls are the primary victims of sexual violence but their male relatives are forced to witness the attacks. In some cases, these crimes appear to have been motivated by the intent to punish male relatives.

Male victims of sexual violence in Basse-Kotto

Some of the most detailed accounts of sexual violence against males resulted from a wave of violence in Basse-Kotto prefecture in which armed clashes took place between ex-Séléka and self-defence groups in 2017. In September 2017, Amnesty International reported that it had interviewed 25 women of whom 20 had been raped and nearly all had seen their adult male relatives killed during UPC attacks in the region including on the town of Alindao on 8 May. One of the women described how her husband had also been raped in front of their five children and then killed.⁵⁶ Human Rights Watch also interviewed female survivors of rape from the Basse-Kotto region including one who described witnessing her husband being raped and killed by a man who appeared to be a leader of the group.⁵⁷

These were not isolated incidents; MINUSCA informed ASP that it had verified the cases of 10 men and one 17-year-old boy who were subjected to sexual violence in or around Mobaye between May and September 2017. Some of these cases were detailed in the December 2017 final report of the Panel of Experts to the UN Sanctions Committee on CAR which concluded that “self-defence groups and UPC fighters carried out acts of sexual violence, particularly rape against females and males, as a method of torture,” and that these groups “have targeted individuals belonging to specific religious or ethnic communities associated with the armed groups that they are fighting against.” The following are among the incidents of sexual violence recorded by the Panel of Experts:

- Following the UPC takeover of Mobaye between 18 and 21 May 2017, a man was taken captive by UPC elements who had come to his house to demand money and which he was unable to provide. According to the testimony, the UPC suspected him of having given his money to support self-defence groups so he was taken to the UPC camp where he was raped several times over a period of four days;
- On the 28 May, during a UPC attack on the rural community of Ngbougou, male residents were collectively accused of being “anti-Balaka” and were beaten and robbed. A survivor said that he was gang raped by three people and that other men were also raped;
- On 21 May, a man who was working in his field outside of the city of Mobaye was captured and accused of being a spy by members of a self-defence group. He was tied to a tree and raped by members of the group over the course of three days;
- A resident of the village of Zamba (53km east of Mobaye) was captured, along with another man and two women, during an attack on the village by elements of a self-defence group. All four were held for around one week and beaten and raped several times.⁵⁸

⁵⁵ Confidential phone interview with human rights investigator, 18 December 2017.

⁵⁶ Amnesty International, CAR: *Civilians facing atrocities in Basse-Kotto*, 2017.

⁵⁷ See HRW, “*They Said We Are Their Slaves*”, 2017: “Irène, 36, was outside her house in Alindao’s Bangville neighbourhood on May 9 when Séléka UPC fighters demanded her husband, who was inside the house. The fighters shot her husband in both legs as he tried to flee. When their five-year-old daughter began to cry, Irène said, the Séléka tied the girl to a post on the house’s veranda. She described how the Séléka fighters then raped and tortured her and her husband.”

⁵⁸ Final report of the Panel of Experts on CAR, 2017.

ASP interviews with two male survivors of sexual violence from Basse-Kotto provide further insights into the treatment of men and boys by armed groups and the way in which sexual violence appears to be used to punish and humiliate victims.

Jacques,⁵⁹ a Christian businessman from Mobaye, was abducted by members of the UPC on 17 May 2017 during armed attacks by the ex-Séléka group on the city. He was taken with nine other men to a nearby UPC camp. According to Jacques, four of the captives were killed almost immediately while he and the five surviving men were subjected to rape and other forms of sexual violence on a daily basis over the course of one week. Jacques told ASP that he was forced to strip at gunpoint and was raped by up to three people every day of his captivity and subjected to regular beatings including on his back and kidneys. He was also forced to give oral sex to his captors and to masturbate in front of them. On some occasions, he was given food or water in exchange for being raped. Jacques explained that threats of violence were used to force compliance: *“When they want to take you to sexually abuse you and you refuse, that’s when they tell you that ‘if you don’t, I’ll kill you. I’m going to burn down your parents’ house. I’ll hurt your parents.’”* Jacques and his fellow detainees were released after one week and, after a period in hiding, he made his way to Bangui to seek medical treatment.

In an earlier incident on 25 February 2017, Theodore,⁶⁰ a Christian farmer, fisherman and a father of four children from the Mingala area, was captured during an attack by UPC forces. Theodore was taken with 21 adult men to a nearby UPC military base where he was held for around one week in a house-turned-prison which was guarded at all times by six armed men. Theodore described to ASP how, during the course of the week, he was raped *“more than four times”*; each time by one person while another watched and stood guard. He was also beaten on his back with a rifle, made to drink his own urine and threatened with death. In his own words:

“I was first abused and beaten and weakened. After five days of detention, I no longer had strength to resist so they took advantage of my powerlessness and had sex with me like a woman... I couldn’t defend myself in any way, because these armed men had rifles and had tied me up. Suddenly, they [would] strip me to rape me... When it was happening, when you are in that position, tied up and bent over with the person coming from behind, what control do you have?... I thought I was dead. Thanks to God, I survived.”

Theodore was also forced to watch other detainees being raped by their captors. He explained that *“there were many cases that happened in the same room. So I cannot count how many people were victims. Since there were also dead bodies, there was blood on the floor.”* Like Jacques, Theodore made his way to Bangui after his release where he sought medical care for his injuries.

Male survivors of sexual violence from Kaga Bandoro

Violence broke out in the town of Kaga Bandoro in Nana-Grébizi prefecture in late 2016 between ex-Séléka groups (FPRC and MPC) and anti-Balaka groups fighting for control of the prefecture. Civilians were subjected to repeated retaliatory attacks resulting in dozens of casualties, the forcible displacement of thousands of people and the temporary suspension of humanitarian operations as aid workers also came under repeated attack.⁶¹ At least 25% of 1,685 cases of sexual violence recorded in CAR by humanitarian agencies in 2016 occurred in Kaga Bandoro.⁶² Most documented cases have involved women and girls. However, Human Rights Watch reported that it had received reliable information about the rape of two men by ex-Séléka fighters in Kaga Bandoro between

59 Name changed to protect the security of the survivor.

60 Name changed to protect the security of the survivor.

61 See MINUSCA, *Special Report on Kaga-Bandoro Incidents 12 to 17 October 2016*, 2016, https://minusca.unmissions.org/sites/default/files/minusca_report_kaga_bandoro_en.pdf; Human Rights Watch, *Central African Republic: Armed groups target civilians*, 2017, <https://reliefweb.int/report/central-african-republic/central-african-republic-armed-groups-target-civilians>; International Rescue Committee (IRC), *Central African Republic: Deadly violence forces suspension of aid as thousands displaced*, 2016, www.rescue.org/press-release/central-african-republic-deadly-violence-forces-suspension-aid-thousands-displaced; and UN News Agency, *UN agency condemns attack on staff in Central African Republic town*, 2017, www.un.org/apps/news/story.asp?NewsID=57113#.WI_8fJOpnOQ

62 Report of the UN Secretary-General on Conflict-related sexual violence, 2017, para. 20.

March and May 2017.⁶³

ASP interviewed Emmanuel, a male survivor from Nana-Grébizi who was captured by members of the MPC in April 2017 during an attack on his village near to Kaga Bandoro. On the day of the attack, Emmanuel returned from work at a nearby river to find that his wife and children had been killed. After burying his family, he was captured and beaten before being taken to a temporary military base in the bush. He explained to ASP: *“They tied me to a tree trunk and physically abused me, accusing me of being an anti-Balaka member.”* The soldiers told him *“we will kill you,”* and said that they wanted to *“exterminate Christians and make them suffer.”*

Emmanuel was held with six men and one boy who had been captured at the same time, all of whom were Christians between the ages of 17 and 28 years old. During approximately one month of captivity, he endured repeated rape, sexual assault and other forms of physical violence. *“They stripped and tortured me until I had no more strength.”* They beat him with their weapons and then raped him. Later his genitals were also beaten. *“Some soldiers amused themselves with my penis. They amused themselves with my body.”* According to Emmanuel, a leader of the group with the rank of colonel was among those who participated in rape and other violence.⁶⁴

On some occasions, Emmanuel was raped by several people in succession and had a stick forced into his anus which left him in so much pain that he could not sleep. He was also forced to perform oral sex on armed group members and to have anal sex with the other prisoners. Emmanuel also described seeing his fellow captives being raped, and said he sometimes witnessed soldiers recording the acts on their cell phones, which can magnify the shame felt by victims. His attempts to resist were useless: once when he tried he was beaten and left unconscious. *“They said they were doing this to dominate us and make us fear them”* he said. In addition, he described seeing the death of a young boy who was accused of being anti-Balaka and who was forced to drink acid. Emmanuel managed to escape with another captive after being sent to collect firewood. In all, he was raped at least a dozen times.

Two years earlier in 2014, Alexis,⁶⁵ a Christian farmer was abducted during an armed attack by ex-Séléka elements on his village near Kaga Bandoro. He was taken with 15 other people to a makeshift military base. Four of Alexis' fellow captives were shot in front of him and during the course of the next 11 days, Alexis and eight others were subjected to sexual violence. He described being tied up and raped. He said, *“they almost killed me”* when they tried to force a stick into his anus and explained that his captors would sometimes say, *“if you want to eat, you must sleep with me”*. He recalled that his captors were often under the influence of drugs and would threaten him and his family with violence. He was also forced to touch other men sexually and to have unwanted sex with another detainee.

Sexual violence against males in and around Obo

High incidences of sexual violence against men and boys have also been recorded in Haut-Mbomou prefecture in the southeast corner of CAR bordering South Sudan and DRC. The region, like much of CAR, has been historically neglected, poorly administered and left without protection by successive governments. Its geographic location has made it particularly vulnerable to incursions by foreign armed groups, specifically the LRA which infiltrated the country in 2008. The LRA presence created a different dynamic in the area from elsewhere in CAR but which also gave rise to insecurity and human rights abuses. Since its arrival, the LRA carried out numerous attacks on the civilian population in Haut-Mbomou and neighbouring prefectures, resulting in killings, rape and abductions, the destruction and looting of villages, and the forced displacement of thousands of people.⁶⁶ Since the withdrawal in 2017 of US and Ugandan troops, other armed groups have increased their activity in the area.⁶⁷

63 Human Rights Watch, *“They Said We Are Their Slaves”*, 2017.

64 The survivor gave the name of the colonel, which ASP has on file.

65 Name changed to protect the security of the survivor.

66 For a summary of information from secondary sources on the LRA, see OHCHR Mapping Report, 2017.

67 International Crisis Group, *Avoiding the Worst in Central Africa*, 2017.

Women and children have frequently been the victims of LRA atrocities in CAR; many have been abducted and forced into sexual slavery.⁶⁸ Information provided to ASP by an INGO providing psychosocial support and other social services to survivors of gender-based violence in Obo shows that men and boys have also been the victims of sexual violence by the LRA and other armed groups operating in the area.

The INGO told ASP that between January and October 2017, 86 men and 35 boys presented as sexual violence victims at its facilities in Obo. Of these, 62 men reported that they had been abused by armed groups, in most cases the LRA, but in a few cases by armed groups from CAR. Of the 35 boys, 31 said they were abused by members of armed groups, mainly the LRA.⁶⁹ The circumstances in which the attacks happened varied. In the case of the LRA, sexual violence typically occurred while the victim was being held captive by the group. In such cases, men were held in the area around Obo or in some cases were taken across the border to DRC. Some were reportedly abused in the presence of others, and sometimes violated by more than one perpetrator. In the case of armed groups from CAR, attacks generally took place when men or boys were working in the fields.

According to the INGO, male survivors have typically been raped or suffered genital mutilation. The motivation for the violence was not always clear. Some believed it was a form of punishment but in other cases survivors said that they did not know of any reason for the violence they had suffered. The majority of men and boys presenting for assistance were between the ages of 15 and 40 years old and were said to be Christians from Obo and the surrounding area, where Christians form the majority community.⁷⁰

Not all of the 121 men and boys assisted by the INGO had experienced sexual violence during 2017. Some had suffered violence in past years, but only presented in 2017. According to the INGO, rates of reporting by males increased dramatically in 2017, which it attributed to the sensitisation activities that it had conducted with communities and its outreach to community-based protection networks. These networks are often the first port of call for survivors and act as a bridge between survivors and health care providers and other services. (See “The standards versus reality” below.)

Sexual violence against males in the context of the 2013 coup

In a 2014 report, the International Commission of Inquiry on CAR found that sexual violence was widely committed as part of a broader pattern of sectarian violence by Séléka and anti-Balaka elements during armed attacks and house-to-house searches in Bangui and elsewhere in 2013 and 2014.⁷¹ The vast majority of incidents documented by the Commission of Inquiry, other UN bodies and INGOs during this period relate to women and girls, although several brutal cases involving men and boys are also recorded. These include the case of a young man who was detained and raped by a Séléka fighter in Bangui in 2013, and the case of a man whom witnesses claimed was chased and killed by Séléka elements in December 2013, and whose genitals were then cut off by the perpetrators.⁷² In an incident witnessed by a Human Rights Watch researcher in Bangui in February 2014, anti-Balaka fighters killed two Muslim shopkeepers near Bangui airport and mutilated the bodies, including by cutting the penis off one and putting it in the victim’s mouth.⁷³

Focus group participants described similar incidents to ASP. A humanitarian worker in Obo described an attack they had directly witnessed in Bangui in September 2014 in which members

68 See for example, OHCHR Mapping Report, 2017.

69 According to the INGO, the remaining survivors had been abused by “community members”.

70 Interview, phone conversations and email communications with representatives of humanitarian organisation between September 2017 and January 2018.

71 The Commission received testimony from 103 victims who had been raped or otherwise subjected to sexual violence and received reports on others. See International Commission of Inquiry Final Report, 2014.

72 International Commission of Inquiry Final Report, 2014.

73 See Human Rights Watch, *Justice Needed for Lynching*, 2014, www.hrw.org/news/2014/02/05/central-african-republic-justice-needed-lynching

of an armed group ordered a young man to masturbate in public. After he refused, he was stripped naked and the fighters tried first to make him kill himself and then ordered him to cut off his own penis. Finally, the fighters cut off his penis and left him to bleed to death. The same focus group participant also spoke of other incidents in which the bodies of men had been found with their severed penises in their mouths.⁷⁴ Another focus group participant described an incident in which ex-Séléka fighters caught four men, cut off their penises, tied them upside down from a tree by their feet and drained their blood, collecting it in a container. After the bodies were “empty” of blood, the corpses were “discarded” but the blood was reportedly kept as a form of war trophy.⁷⁵

A researcher with a national human rights NGO also recounted an incident in Bangui in 2014 in which a father tried to intervene to prevent armed men from a Séléka group from sexually assaulting his child. According to the researcher, the soldiers were abusing a two-year-old child who was screaming in pain, but when the child’s father tried to stop the abuse, the father was raped and then killed.⁷⁶

SEXUAL VIOLENCE AGAINST BOYS

The final report of the International Commission of Inquiry on CAR included reference to allegations that boys associated with armed groups were “sometimes sexually abused as a form of punishment”. However, the possibility that boys have been sexually victimised in the ranks of armed groups or in other circumstances appears not to have been systematically followed up by human rights and child protection organisations. These child protection actors may lack the expertise and capacity to recognise or respond to cases of sexual violence involving boys.

In the five years between January 2011 and December 2015, just eight out of 521 cases of sexual violence against children verified by the UN-led Monitoring and Reporting Mechanism (MRM) on grave violations of children’s rights involved boys.⁷⁷ In 2016 there were no MRM-verified cases of sexual violence against boys and 55 relating to girls.⁷⁸ To ASP’s knowledge, just one case of sexual violence against a boy was verified by the MRM in 2017: the case of a 17-year-old boy who was raped during an attack by elements of the UPC on Mobaye.⁷⁹

While comprehensive prevalence data is lacking, the information on 31 boys who experienced conflict-related sexual violence in the Obo area suggests that the numbers may be higher than previously thought. (See “Sexual violence against males in and around Obo” above.)

ASP received other information that points to the vulnerability of boys to sexual violence. This includes the testimony of Emmanuel, who told ASP that he witnessed the rape of a 17-year-old fellow captive by MPC elements (see “Male survivors of sexual violence from Kaga Bandoro” above). In another case, a UK-based child rights INGO working with conflict-affected children told ASP of a 14-year-old boy who had been raped by a member of an armed group in Kouango in Ouaka prefecture on 2 August 2017. Based on the limited information available, the attack appears to have been opportunistic, taking place when the boy went to visit a friend. The boy was referred to Kouango Hospital for treatment of his physical injuries and was also receiving psychosocial support.⁸⁰

74 Focus group discussion, Obo, 19 September 2017.

75 Focus group discussion, Obo, 19 September 2017.

76 Interview with human rights researcher from national human rights organisation, Bangui, October 2017.

77 UN, Report of the Secretary-General on Children and armed conflict in the Central African Republic, UN Doc. S/2016/133 (2016) (hereinafter Report of the Secretary-General on Children in armed conflict in CAR, 2016). The MRM was established by UN Security Council resolution 1612 of 2005 to systematically gather data on six grave violations committed against children in situations of armed conflict, including sexual violence.

78 UN Secretary-General Annual Report on Children and armed conflict, UN Doc. S/2017/821 (2017). The report notes that there were also two incidents of sexual violence committed by government elements and one incident of attempted rape and two incidents of rapes committed by the Uganda People’s Defence Force, but does not state whether the victims were girls or boys.

79 Interview with UN official, Bangui, 15 December 2017.

80 ASP interview with a representative from a UK-based child rights INGO, 8 January 2018. According to this representative, the incident was reported to the GBVIMS and for action to be taken in the capital.

Another INGO working with children associated with armed forces and armed groups reported seeing several cases each month of boys who have experienced sexual violence, including former child soldiers.⁸¹ However, they acknowledged that it is more difficult for boys than girls to disclose what has happened to them, in part because of taboos around the issue but also because humanitarian staff are often not trained to recognise boy survivors of sexual violence.⁸²

Thousands of children have been unlawfully recruited and used in hostilities in CAR.⁸³ UNICEF reported that the release of 3,066 children associated with armed forces and armed groups had been secured during 2017.⁸⁴ On their release, children are individually interviewed by child protection workers before being reunited with their families or, where families cannot be located, placed in interim or foster care. Child protection experts to whom ASP spoke explained that during these interviews girls often disclose their experience of rape or other forms of sexual violence, but that it is much less common for boys to do so. The screening process for sexual violence is focused on girls, and the manner in which the interviews are conducted does not encourage reporting by boys. In the case of girls, there is a working assumption that they are likely to have been the victims of sexual violence while associated with the armed group and, although the question is not asked directly, the interviews are conducted in such a way that the girls are encouraged and supported to talk about such experiences. In the case of boys, the interview process does not include any questions which prompt them to disclose sexual violence.⁸⁵

According to a UNICEF child protection expert in CAR, *“children associated with armed groups are screened as part of the verification process but there is no focus on sexual abuse of boys and therefore service providers are not receiving cases. This is not because there are no cases, but partners are not identifying them and coming forward with them.”*⁸⁶ However, the official also acknowledged that partners are not sufficiently trained to collect and provide information on boy survivors of sexual violence and are not trained to identify the cases.⁸⁷ The same official told ASP, *“the main reason behind the low numbers of boys is because they are not being screened and identified. It is not because there are no cases. We are not asking the questions.”*⁸⁸

Lack of data on boys may also be linked to a lack of clarity about what constitutes Conflict-related sexual violence. For example, MINUSCA reported an incident in September 2015 in which 15 boys were forcibly circumcised while held captive by anti-Balaka elements in Boali.⁸⁹ The case does not feature in MRM reporting of sexual violence, which also does not capture incidents where children are forced to witness their parents or other relatives being raped or subjected to other forms of sexual violence. The sexual nature of such crimes is not always clear but some experts, including the International Centre for Transitional Justice, have argued that forced circumcision in other

81 The 2007 Principles and Guidelines on Children Associated With Armed Forces or Armed Groups define a child associated with an armed force or an armed group as “any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.” Available at www.unicef.org/emerg/files/ParisPrinciples310107English.pdf

82 Interview with international humanitarian worker, Bangui, 10 September 2017, and Skype interviews on 19 December 2017 and 12 January 2018.

83 In 2014, a study sponsored by UNICEF estimated that between 6,000 and 10,000 children were associated with armed groups. Many hundreds more have been recruited since then. See Report of the Secretary-General on Children in armed conflict in CAR, 2016.

84 Despite the release of 12,483 children since 2014, as of February 2018 child protection actors believed there were still thousands of children associated with armed groups, even though there was no official estimation available.

85 ASP phone interview with representative of international humanitarian organisation, Bangui, 2 January 2018.

86 Phone interview with UNICEF official, Bangui, 26 December 2017.

87 Phone interview with UNICEF official, Bangui, 26 December 2017.

88 Phone interview with UNICEF official, Bangui, 26 December 2017.

89 MINUSCA, *Report on the human rights situation in the Central African Republic from 1 June 2015 to 31 March 2016*, para. 43, <https://minusca.unmissions.org/en/human-rights-0>

contexts should be categorised as sexual violence.⁹⁰ Likewise, being forced to witness the rape of another person can in itself be considered a form of sexual abuse, and may amount to torture or other ill-treatment.⁹¹ On the basis of INGO documentation, this practice appears to be commonplace in CAR. In some cases, boys have been shot and killed for attempting to protect their parents from being violated or were forcibly recruited after witnessing the rape of their mother.⁹²

SEXUAL VIOLENCE BY PEACEKEEPERS

The majority of known cases of sexual violence against boys are attributed to non-state armed groups. However, allegations that international troops involved in peace support operations sexually abused boys in exchange for food or money emerged in early 2014. Since then many more cases of sexual exploitation or abuse by military peacekeepers, UN staff and associated entities in CAR have been recorded.⁹³ The vast majority of these cases involve women and girls, but boys are also among the victims.

The incidents in 2014 involved mainly French troops serving with the Sangaris Forces, although soldiers from Chad and Equatorial Guinea serving with the AU-led International Support Mission in the Central African Republic (MISCA) were also implicated. According to subsequent UN investigations, the abuse took place between December 2013 and June 2014 near a camp for IDPs in Bangui and involved a number of boys. The abuse was deemed to have been of such a serious nature that an independent panel appointed to review the UN response concluded that the acts fell within UN definitions of conflict-related sexual violence and grave violations against children. The independent panel also noted that, had the UN followed up the allegations when they were first reported in 2014, other similar cases might have been uncovered or prevented.⁹⁴

Despite UN efforts to stamp out sexual exploitation and abuse of local populations by its peacekeepers and other UN personnel, cases have continued to be recorded in CAR. In 2016, cases of sexual exploitation and abuse documented by MINUSCA accounted for half of the allegations across all UN field missions. However, 65% of the allegations received in 2016 by MINUSCA related to incidents that occurred in 2015 or earlier.⁹⁵ In February 2018, UNICEF informed ASP that it had recorded a total of 282 cases of sexual exploitation and abuse allegedly committed by international forces and humanitarian actors in CAR since 2014. Of these, 206 cases involved minors (169 girls and 37 boys).⁹⁶

90 International Centre for Transitional Justice, *When No One Calls It Rape: Addressing Sexual Violence Against Men and Boys in Transitional Contexts*, 2016, www.ictj.org/sites/default/files/ICTJ_Report_SexualViolenceMen_2016.pdf Also note that the ICC Prosecutor has argued that forcible circumcision against men should be considered as a form of sexual violence (see "Prosecution's application for notice to be given under Regulation 55(2) with respect to certain crimes charged", www.icc-cpi.int/CourtRecords/CR2012_07189.PDF

91 In the context of defining sexual abuse of children, EU Directive 2011/93 includes in that definition (Article 3) the fact of causing a child to witness sexual activities or sexual abuse, see <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0093&from=EN>. Found in *Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse, Adopted by the Interagency Working Group in Luxembourg*, 2016.

92 For example, Human Rights Watch has documented cases including: an incident that occurred in Basse-Kotto in 2017 in which a five-year-old boy witnessed his mother being raped by UPC elements and was killed for trying to help, see Human Rights Watch, *Central African Republic: Civilians Targeted as Violence Surges*, 2017 (hereinafter HRW, *Civilians Targeted as Violence Surges*, 2017, www.hrw.org/news/2017/10/27/central-african-republic-civilians-targeted-violence-surges); the case of a 10-year-old boy who was killed when he tried to help his mother who was being raped by ex-Séléka elements during an attack on Zangba in May 2017; and another case of two teenage boys who were abducted by ex-Séléka fighters after being forced to witness their mother being raped during a raid on their house in Ombella-M'poko province in February 2015. See, Human Rights Watch, *"They Said We Are Their Slaves"*, 2017. Other similar incidents are documented by FIDH, *"All I Want is Reparation": Views of victims of sexual violence about reparation in the Bemba case before the International Criminal Court*, 2017.

93 In accordance with the UN Secretary-General's 2003 Bulletin on Special measures for protection from sexual exploitation and sexual abuse, the term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another, and the term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. See UN Doc. ST/SGB/2003/13 (2003).

94 See UN, *Taking Action on Sexual Exploitation and Abuse by Peacekeepers*, Report of an Independent Review on Sexual Exploitation and Abuse by International Peacekeeping Forces in the Central African Republic, UN Doc. A/71/99 (2016).

95 UN, *Secretary-General Report on Special measures for protection from sexual exploitation and abuse: A new approach*, UN Doc. A/71/818 (2017).

96 Confidential email exchanges with UNICEF official in Bangui, 4 January 2018 and 11 February 2018.

PERCEPTIONS OF SEXUAL VIOLENCE AGAINST MEN AND BOYS AND THE IMPACT ON SURVIVORS

“When it’s the man who is the victim, it’s like a king has fallen from his chair.”⁹⁷

The UN Secretary-General has described sexual violence against men and boys in CAR as being *“shrouded in cultural taboos”*.⁹⁸ According to a UNICEF official, the *“taboo for male survivors is huge; it is very rare that a man or boy will tell you that they are the victim of sexual violence. Those who are providing the service will rarely ask because of the taboo.”*⁹⁹

Both in interviews with key informants and during focus group discussions, ASP found that attitudes towards sexual violence against males varied between lack of awareness, dismissal, denial and confusion. Several key informants, including community leaders, expressed the belief that sexual violence against males did not occur in their communities. Approximately three quarters of focus group participants said that it is regarded as a taboo subject that cannot be discussed. Humanitarian workers described the stigma associated with male sexual violence: one explained how people often *“laugh like crazy”* if they hear about it. *“It’s funny for them. They can’t imagine that a man can be raped.”*¹⁰⁰ Such attitudes also point to the lack of knowledge and understanding that prevails within communities on male victimisation.

Among many focus group participants and some key informants, the term “rape” was understood to involve male perpetrators and female victims. To the extent that sexual violence against males is understood or acknowledged, it is perceived as shameful and a sign of weakness. Key informants and focus group participants were generally of the opinion that admitting to being a survivor of sexual violence would be intensely shameful both for the individual, his family and his community. According to a local government official in Obo, *“we consider that [male survivors] are really dirty and dishonoured”*.¹⁰¹ A neighbourhood chief also from Obo explained that many male survivors who came to him were ashamed and worried people would find out. In his words, they worry that *“people will hate him and laugh at him. He will be considered weak... [and blamed and rejected] by members of the community”*.¹⁰²

Social attitudes towards homosexuality and the fear of being perceived as gay can compound stigma and shame, constituting an additional barrier to reporting sexual violence. ASP found no evidence to suggest that sexual orientation or gender identity contributes to the risk for conflict-related sexual violence against males, but given the stigmatised nature of homosexuality in CAR, victims’ sexual orientation may be hidden.¹⁰³ Among humanitarian workers there remains confusion (which is not unique to CAR) about the nature of sexual violence against males and the motivations for it. For example, one gender-based violence worker with a national NGO insisted to ASP that male perpetrators of rape against other males must be homosexual, and that perpetrators take advantage of the lawlessness in CAR to carry out homosexual acts on other men.¹⁰⁴

Faced with such attitudes, male survivors may choose silence over the risk of rejection by their families and communities. As one gender-based violence expert with an international medical NGO explained, men and boys who are the victims of sexual violence are regarded as having sullied the name of the community and are often forced to leave.¹⁰⁵ Other key informants and focus group

97 Interview with UNICEF official, Bangui, 3 October 2017.

98 Report of the Secretary-General on Conflict-related sexual violence, 2016.

99 Phone conversation with UNICEF official, Bangui, 26 December 2017.

100 Interview with an official with Médecins du Monde, Bangui, 11 September 2017.

101 Interview with local governmental official, Obo, 15 September 2017.

102 Interview with neighbourhood chief, Obo, 15 September 2017.

103 Given the stigma associated with homosexuality in CAR it is possible that information is not reported and may therefore be a hidden factor in the victimisation of certain individuals. Further research would be needed to establish whether this is the case.

104 Interview with local humanitarian worker, Bangui, 5 October 2017.

105 Interview with an official with Médecins du Monde, Bangui, September 2017.

participants said that male victims would find themselves abandoned by their friends and family.¹⁰⁶ According to a participant in a focus group discussion in Obo, the local community would “*push the person to leave the area*” because of the shame on the family.¹⁰⁷ According to another: “*Most often, male victims of sexual violence remain silent to avoid the story spreading around.*”¹⁰⁸

Others spoke about suicides among male survivors. Although ASP is not aware of specific cases, the pressure on male victims to take their own lives was a recurrent theme. In the words of one focus group participant in Bangui: “*Generally, men say they prefer to be killed than being sodomised. People say, if you are sodomised you lose all your value and your dignity.*”¹⁰⁹

The experience of the four male survivors interviewed by ASP is illustrative of the way in which such attitudes play out in practice. All four spoke of their humiliation and of feeling emasculated. Emmanuel spoke of feeling “*disgusted with life*” and of wishing to die. When ASP met him, he had not sought medical care even though he was suffering pain in his stomach, abdomen and anus as a result of being raped. He also said that he had blood in his urine, was suffering from sexual dysfunction and was afraid that he may have contracted sexually transmitted diseases. Emmanuel said he wanted to go to hospital but was afraid of being “*condemned*” by health care staff.¹¹⁰

Alexis, who was raped over the course of 11 days in 2014 by UPC elements, said that he had never told anyone apart from ASP what had happened to him, including his wife and children, because, he explained “*it is a taboo subject*”. This has left him feeling isolated and unable to seek support.

Both Theodore and Jacques (who were subjected to sexual violence in May and February 2017 respectively) described having problems with their families as a result of their experience. In Theodore’s case, when his wife learned that he had been raped it created “*problems between them*” and “*disorder in my family*”. He did seek medical care at Bangui Community Hospital but although he received treatment he did not disclose to the doctors what had happened to him. He explained to ASP: “*A man should not suffer this, so for me it is taboo. I personally did not want to share what happened.*”

Jacques has also received treatment since arriving in Bangui, but he told ASP that his wife had left him because he was no longer able to function sexually after his experience. Having left his home town of Mobaye where his business was located, he is no longer able to earn a living. Like many other survivors he does not want people to know what happened to him. “*If I do not talk to others*” he explained “*it is because I am afraid of being laughed at, joked about or stigmatised.*”

While ASP research did not cover the long-term consequences and impact that sexual violence against males has on families and communities, there is an urgent need to acknowledge, explore and address these aspects by providing survivors and their families and the community with appropriate support, including mental health and psychosocial support.

106 Focus group discussions in Obo and Bangui, 19-20 September 2017 and 26-27 September 2017.

107 Focus group discussion in Obo, 19 September 2017.

108 Focus group discussion in Bangui, 26 September 2017.

109 Focus group discussion in Bangui, 26 September 2017.

110 Interview with survivor of sexual violence, Bangui, 10 September 2017.

IV. PREVENTING AND RESPONDING TO SEXUAL VIOLENCE AGAINST MEN AND BOYS

CAR is party to international and regional human rights treaties that require it to take measures to prevent sexual violence and, if it occurs, to respond with appropriate services for survivors and fulfil their right to a remedy, including by holding perpetrators to account. Rape and other forms of sexual violence are also prohibited under national law and the right to reparations for victims is guaranteed under the Constitution.¹¹¹ However, the gap between the laws and their enforcement is vast. Where measures to prevent and respond to sexual violence have been put in place, they focus predominantly on women and girls, largely ignoring and in some cases excluding men and boys.

CAR GOVERNMENT OBLIGATIONS UNDER INTERNATIONAL LAW AND THE DOMESTIC LEGAL FRAMEWORK

Rape and other forms of sexual violence can constitute a breach of the rules of international humanitarian law. Common Article 3 to the Geneva Conventions prohibits the infliction of “violence to life and person,” including “cruel treatment and torture,” as well as “outrages upon personal dignity, in particular humiliating and degrading treatment”. These acts include rape and other sexual violence. Protocol II to the Geneva Conventions, which applies in situations of non-international armed conflict, prohibits rape and indecent assault.¹¹²

CAR ratified the Rome Statute of the International Criminal Court (ICC) on 3 October 2001. Under the Statute, war crimes and crimes against humanity include rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilisation, or any other form of sexual violence of comparable gravity.¹¹³

CAR has also ratified the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), as well as the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child, and the African Charter on Human and Peoples’ Rights. Under these treaties, rape and other forms of sexual violence must be prevented and states are required to take measures to respect and protect individuals in their jurisdictions against such acts.¹¹⁴ International law and standards also require the government to ensure quality health services are available to survivors of sexual violence, including medical and psychological care, and provide legal and social services, as part of broader obligations to deliver remedy and reparations to victims of gross human rights violations.¹¹⁵

At the domestic level, CAR’s 2010 Penal Code is adequately gender inclusive in so far as it criminalises rape (defined in Article 87 of the Code as “any act of sexual penetration of whatever nature committed by one person upon another through violence, constraint, threats or surprise”). Article 86 criminalises “indecent assault” of a child “of any gender” with or without violence while Article 87 provides that “any indecent assault, committed or attempted, on a child below 15 of any

111 Constitution of the Central African Republic, 2015, Articles 1, 3, 4, 5, 6 and 17, www.assembleenationale-rca.org/wp-content/uploads/2016/04/projet-constitution-RCA-adopte-par-CNT-2015.pdf

112 See Article 4(2)(e) of Protocol Additional to the Geneva Conventions of 12 August 1949, Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 1977.

113 Rome Statute of the ICC, Article 7.1.g; Articles 8.2.b.xxii and 8.2.e.vi.

114 Article 12 of the ICESCR; Articles 1, 2 and 15 of CAT; Articles 6, 19, 24, 34 and 37(a) of the Convention on the Rights of the Child; Articles 4 and 5 of the African Charter on Human and Peoples’ Rights.

115 ICESCR Article 12 requires: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”, and Article 12.2(b) “The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for... The creation of conditions which would assure to all medical service and medical attention in the event of sickness.” Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, Article 21: “Rehabilitation should include medical and psychological care as well as legal and social services.”

gender is qualified as rape". The Penal Code incorporates war crimes and crimes against humanity, including sexual slavery, rape, forced prostitution, forced pregnancy, forced sterilisation and other forms of sexual violence of a similar level (Articles 153-157). This is broadly in line with CAR's obligations under the Geneva Conventions and the Rome Statute.¹¹⁶

These crimes are gender neutral and would in theory permit the prosecution of rape and other forms of sexual violence against men and boys in armed conflict. Consensual same-sex sexual relations are not criminalised under national law.

NATIONAL STRATEGY TO COMBAT GENDER-BASED VIOLENCE

Central to efforts to bridge the gulf between law and practice going forward will be the National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021.¹¹⁷ The three-year Strategy, which is currently in draft form, is intended to provide the policy framework for all interventions to prevent and respond to gender-based violence. It also outlines actions aimed at achieving an integrated response and closer co-ordination by the government, the UN, humanitarian I/NGOs and other non-governmental stakeholders in all areas including data gathering, provision of services to survivors, access to justice by victims, community awareness and engagement, legal reform, and institutional capacity building and training.

The draft plan sets out detailed actions aimed at achieving the ambitious goal of "zero tolerance" of gender-based violence in CAR by 2021. If implemented, the proposed actions will be of benefit to all victims and survivors of sexual violence. However, the draft version seen by ASP is primarily based on addressing the vulnerability of women and girls to sexual and gender-based violence and responding to the needs of women and girl survivors. If the National Strategy is to be fully effective, it must also recognise and address the vulnerabilities of males and include actions that explicitly include men and boys in responses.¹¹⁸

The following sections set out some of the considerations that should be addressed in the National Strategy and in other interventions to ensure that the fundamental rights of all people in CAR are respected and protected.

HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES FOR MALE SURVIVORS OF SEXUAL VIOLENCE

Sexual violence can have serious and damaging short and long-term physical, sexual, psychological and social consequences on survivors. Male survivors may suffer a range of physical injuries, both genital and non-genital. All rape survivors are at an increased risk of sexually transmitted infections (STIs), including HIV/AIDS, and may also experience incontinence, genital and rectal trauma, fistulas and fissures, impairment and damage to reproductive capacity or sexual dysfunction.¹¹⁹ Mental health impact on sexual violence survivors can be severe and can include feelings of guilt, shame, anger, post-traumatic stress disorder, anxiety and suicidal ideation. Some survivors may also experience confusion regarding their sexual orientation after experiencing sexual violence.

¹¹⁶ It has been noted that the definition of crimes against humanity in CAR's Penal Code does not cover persecution based on ground of gender and that the articles listing the war crimes do not specify the elements of crimes (that is, the various aspects of the criminal conduct that would amount to a war crime). For a legal analysis of these provisions, see Case Matrix Network, *Prosecution of sexual and gender-based violence in the Central African Republic*, 2017, http://blog.casematrixnetwork.org/toolkits/uncategorized/car-legal-framework-for-conflict-related-sgbv-prosecution/?doing_wp_cron=1516870142.1056458950042724609375

¹¹⁷ The drafting of the National Strategy is co-ordinated by the Ministry for the Promotion of Women and the Family and the Protection of Children (Ministère de la Promotion de la Femme, de la Famille et de la Protection de l'Enfance), in partnership with UNFPA, UNHCR, UNICEF and UN Women.

¹¹⁸ The draft National Strategy does recognise that there is a lack of baseline data on which to base indicators and measure progress and proposes that a national survey of gender-based violence, including against males, is carried out to address this (Activity 6.1.2.1).

¹¹⁹ WHO, *Guidelines for medico-legal care for victims of sexual violence*, 2003.

WHO guidance on the medical management of adult male victims of sexual violence

With regard to the physical examination and medical interventions:

- Male victims of sexual violence should be triaged in the same manner as female victims;
- The same procedures for obtaining consent, taking a history, conducting the physical examination (although the genital examination will be different) and ordering diagnostic laboratory tests should be followed. That is, perform a top-to-toe examination looking for any signs of injury;
- conduct a thorough examination of the genito-anal area;
- treat any injuries (including treatment for STIs, hepatitis B and tetanus).

Men need to be informed about, and offered, an HIV test and the option of post-exposure prophylaxis, if available. Men also need to receive follow-up care for wound healing, any prescribed treatments (including those for STIs), completion of medications and counselling.

From: WHO, *Guidelines for medico-legal care for victims of sexual violence*, 2003, <http://apps.who.int/iris/bitstream/10665/42788/1/924154628X.pdf>

There are multiple standards and guidelines on care and support for survivors of sexual violence. Most of these are gender inclusive and therefore provide detailed guidance to state and NGO service providers involved in delivering care to survivors. However, most of these tools are focused specifically on women and girls and there is a need to tailor and adapt this guidance to specifically address the needs of men and boys.

The UN High Commissioner for Refugees' (UNHCR) *Need to Know Guidance on Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement* outlines basic considerations for the inclusion of men and boys into the design and delivery of sexual and gender-based violence programmes. The guidance encourages the integration of men and boys into the design and delivery of all prevention and response initiatives and ensuring their inclusion in strategies, programming, standard operating procedures and funding. It also highlights the importance of in-depth training of humanitarian staff in inclusive understandings of sexual and gender-based violence and of ensuring that communities are aware of and sensitised to the possibility that men and boys may be victims of sexual violence.¹²⁰

In line with these standards, all survivors should have access to quality, free and confidential health care services that are available 24 hours a day. Emergency medical care for survivors should include post-exposure prophylaxis to prevent HIV transmission and referral to HIV services if needed including for testing, prevention and counselling;¹²¹ complete physical and genito-anal examination; prevention and treatment of STIs, hepatitis and tetanus; treatment of injuries; and treatment and referral for life-threatening complications and surgical care.¹²² They should also have access to psychosocial support to prevent and mitigate the mental health and social impacts of sexual violence, which can be just as damaging as physical harm and

120 UNHCR and Refugee Law Project, *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement, Need to Know Guide 4*, 2012.

121 PEP is only for use within the first 72 hours following penetration.

122 See WHO, *Responding to children and adolescents who have been sexually abused – WHO clinical guidelines*, 2017; WHO, *Responding to intimate partner violence and sexual violence against women, WHO clinical and policy guidelines*, 2013; WHO, *Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons*, 2004; WHO, *Guidelines for medico-legal care for victims of sexual violence*, 2003; UNFPA, *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*, 2015; Médecins Sans Frontières (MSF), *Medical Protocol for Sexual Violence Care, 2nd edition*, 2014; and IRC, *Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings*, 2006.

may be more long-lasting.¹²³ The possibility should be considered of extending individual counselling to include support persons such as spouses, other family members, or host families, in order to maximise support to the individual directly affected, and also to those indirectly affected such as witnesses.¹²⁴ Livelihood support may also be needed in some cases, such as short-term income and housing support and longer-term assistance to re-establish the means of making a living.¹²⁵ When needed, safe accommodation should be provided and, in the case of minors, family tracing or alternative care arrangements put in place.

Quality care should be provided in a survivor-centred,¹²⁶ equitable, non-discriminatory manner according to identifiable needs and regardless of gender, age, ethnicity, religion, sexual orientation, gender identity, ability, HIV status, socio-economic status and geographic location.¹²⁷ An intersectional approach which examines and responds to vulnerabilities arising due to multiple aspects of a person's identity is recommended. In the case of children, attention to their best interests by promoting and protecting safety is of utmost importance, as is obtaining informed consent that takes into account evolving capacities of minors and provides information that is age-appropriate so as to allow for informed choice.¹²⁸

Specifically, in relation to men and boys, humanitarian and state-provided services and programmes should be gender inclusive and have the capacity and competency to respond to the specific needs of male survivors.¹²⁹ In some cases this can involve adapting existing programmes. In others, it requires male-targeted services to be developed along with specific referral pathways towards competent and empathetic service providers for complementary support. In either case, additional funding must be made available so as not to drain resources from urgently needed services for women and girls.

Medical care and mental health and psychosocial support services (MHPSS) should be designed to make services accessible to all survivors. For example, this can be implemented by ensuring that there are safe, confidential spaces for disclosure and treatment, and discreet entry points to facilities and referral systems within them that enable survivors to access care confidentially without disclosing to multiple staff.

Both female and male staff should be available to allow survivors the choice of who interviews and examines them. Staff should be trained to understand context-specific gender norms and how to sensitively interview and examine male survivors, including boys. Staff should be trained to proactively identify physical and behavioural indicators of male sexual violence.¹³⁰ These approaches should be integrated as far as possible into wider systems (for example, existing

123 Different forms of support are needed depending on the individual's specific experience, but can range from psychological first aid (PFA), individual counselling and group support activities to broader interventions with families and local communities. Specific services can include: individual mental health and psychosocial support (MHPSS); psychiatric care including for survivors of torture; interventions aimed at minimising harm related to alcohol and other substance use; and facilitation of community self-help and social support, for example, support the development of community protection and response planning, training and supervision of community workers on providing emergency MHPSS support and support to community-managed social support activities. See IASC, *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, 2007.

124 UNHCR and Refugee Law Project, *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement, Need to Know Guide 4*, 2012.

125 See for example UNFPA, *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*, 2015.

126 A survivor-centred approach implies that the wellbeing and the rights of the survivor are prioritised, and their needs identified and expressed with the highest respect of their confidentiality and informed consent. In this framework, a survivor has the right to be believed and treated with dignity and respect, and has the right to be provided with all the information to be able to make their own decision and choose the course of action.

127 WHO and UNHCR, *Clinical Management of Rape Survivors, Developing protocols for use with refugees and internally displaced persons, Revised edition*, 2004, p. 3; and IASC, *Guidelines on Mental Health and Psychosocial support in Emergency Settings*, 2007, p. 9.

128 WHO, *Responding to children and adolescents who have been sexually abused – WHO clinical guidelines*, 2017.

129 UNHCR and Refugee Law Project, *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement, Need to Know Guide 4*, 2012.

130 Common signs may include not being able to sit comfortably, complaining about lower back problems signaling rectal problems, showing strong gender preference in relation to who interviews them, or demonstrating high levels of homophobia.

community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc) as they tend to reach more people, are often more sustainable, and carry less stigma.¹³¹

The standards versus reality

All survivors of sexual violence in CAR face huge difficulties in accessing care and support. The reasons for this include: a lack of adequate public services; prohibitive costs; insecurity which can interrupt services or prevent people from travelling to places where services are available;¹³² and stigma that prevents survivors from disclosing abuse.¹³³ For men and boys, the fact that they are more likely to be perceived as perpetrators rather than victims creates additional obstacles to reporting or seeking care.

With only limited public services available, much of the work to prevent and respond to sexual violence is done by national and international humanitarian organisations. Many aid workers to whom ASP spoke acknowledged that the lack of attention to men and boys in humanitarian programming is a weakness. As noted previously, there are some signs that this may be changing, but ASP also found resistance among some and concern that an increased focus on men and boys risked diverting attention and funds from programmes to assist women and girls.

There are examples of individual agencies including men and boys into programme design and implementation. However, this does not represent a systematic or co-ordinated approach across the humanitarian community in CAR. For example, members of the GBV Sub-cluster acknowledged in meetings with ASP that the Sub-cluster strategy, while in theory gender inclusive, in practice focuses mainly on women and girls in terms of delivery of services.¹³⁴ Likewise, the Standard Operating Procedures for Prevention and Response to Gender-Based Violence agreed by government, UN and international and national NGOs include only limited guidance on the clinical management of male survivors but otherwise their focus is also almost exclusively on women and children.

With so many competing needs and such high rates of sexual violence against women and girls, resources are already thinly stretched and humanitarian service providers inevitably prioritise. If men and boys are to be integrated into sexual violence prevention and response programmes in a way that is not detrimental to women and girls, an integrated strategy will have to be developed and resourced. Service providers will need specialised training to improve identification and facilitate disclosures in order to provide care, including in specific approaches that are most suitable to male survivors. It is essential that the field not devolve into a counter-productive “men versus women” debate. Instead a united approach that insists on adequate funds for all survivors, to respond to their needs in a survivor-centric manner, is needed.

ASP found that levels of expertise on sexual violence against males among humanitarian service providers were generally low. The vast majority of humanitarian organisations with which ASP met acknowledged that their staff had not received detailed training on how to recognise and respond to sexual violence against males. In one case, a humanitarian organisation working with conflict-affected populations admitted to having provided no training on male sexual violence to their staff.

Inevitably, this lack of expertise translates into the way in which programmes are designed and rolled out. Most organisations with which ASP spoke said that they do include reference to sexual violence against men and boys in their awareness raising and sensitisation activities but also

131 WHO, *Guidelines for medico-care for victims of sexual violence*, 2003, p. 17; and IASC, *Guidelines on Mental Health and Psychosocial support in Emergency Settings*, 2007, p. 10.

132 In 2017, 16 aid workers were killed and 370 security incidents involving NGOs were recorded by the International NGO Safety Organisation, including robbery, assault, abduction and detention, see www.ngosafety.org/country/central_african_republic

133 For a detailed analysis of access to care and support by female survivors of sexual violence in CAR, see HRW, “*They Said We Are Their Slaves*”, 2017.

134 ASP meetings with international humanitarian organisations in Bangui, December 2017 and January 2018.

explained that the main focus of these activities is on women and girls.¹³⁵ It also appeared that communication and information materials on sexual violence and how to access support often reinforce existing stereotypes.¹³⁶ Based on materials seen by ASP, posters and audio-visual materials typically use images of female victims. To the extent that men are represented, it was generally as perpetrators and not as victims of sexual violence. While some gender-neutral images are also used, these may not be sufficient to signal to male victims that they are welcome, particularly given strong cultural assumptions about gender and victimisation.

Against this backdrop, there were also positive examples of more proactive outreach to men and boys and of facilities designed in such a way as to make services accessible to them. One of the major providers of medical and psychosocial support services for conflict victims in CAR, for example, said that the number of sexual violence cases against both men and women reported to them increased by 500% following a sensitisation campaign conducted in 2017 in one major town. The campaign was aimed at enhancing understanding among local populations of different types of violence, including sexual violence against males, and the services that they offer to support survivors.¹³⁷

Another provider described how its programmes strengthen community awareness of male sexual violence, which increased the numbers of men and boys who accessed their services from just 13 in 2016 to 121 from January to October 2017. The organisation explained that it has increased community sensitisation activities and sought to make them gender inclusive including through running male only focus group discussions. At the same time, it has strengthened its outreach to community-based protection mechanisms such as Welcome Committees (local community associations responsible for receiving IDPs and assessing their needs); Carrefour Communautaire (a community-level location where people gather, and psychosocial counsellors can speak to male survivors in a non-stigmatising setting); and Relais Communautaires (which operate as a bridge between communities and health centres).¹³⁸

The same organisation has also sought to make its “listening centres”, where it provides psychosocial support to survivors of gender-based violence, much more accessible to both male and female survivors. In Obo, for example, it has seven listening centres in different locations across the town to reduce travel distance and related security challenges for those who want to access them. The centres have both female and male staff thereby giving survivors a choice of who they prefer to speak to. Training on income-generating activities such as soap making are also provided in the centres which, while valuable in their own right, can also offer an excuse for survivors to visit the centres and reduce the risk of being identified as survivors.

A network of listening centres run by different NGOs exists in most major towns and cities in CAR and for many survivors represents the first point of entry to accessing services. The services that they provide differ but can include psychological first aid, psychosocial and legal support to victims, and referrals to health facilities if medical treatment is needed. However, there are concerns about the mixed quality of the centres with weaknesses including a lack of qualified and motivated staff, poorly maintained premises and equipment, limited accessibility to survivors, and inadequate systems to ensure confidentiality for service users.¹³⁹

There are examples of good practices which demonstrate how skilful support by community leaders can help to counter the isolation and rejection experienced by male survivors. A neighbourhood chief in Obo told ASP about his experience of mediating with the families of two men who had been sexually victimised by the LRA. The neighbourhood chief explained how he had facilitated

¹³⁵ A range of outreach activities were described including door-to-door visits, meetings, radio programmes and through integrating sensitisation into cultural activities such as theatre targeting community, political, religious and other leaders as well as groups such as youth and women.

¹³⁶ ASP saw gender-based violence communication materials from four different INGOs and MINUSCA. Other INGOs and UN agencies did not have samples available during the interviews.

¹³⁷ ASP interview with humanitarian worker, Bangui, 6 October 2017.

¹³⁸ Skype interview with representative of humanitarian organisation, 23 December 2017.

¹³⁹ See, *Draft National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021*.

discussions between the two men and their wives which had resulted in increased understanding and acceptance by the women that what had happened was not the fault of their husbands and the men should not be rejected on account of it. The neighbourhood chief said that he had taken part in an NGO-run sensitisation programme on gender-based violence and applied what he had learnt.¹⁴⁰

ACCESS TO MEDICAL CARE, MHPSS AND PROTECTION BY MALE SURVIVORS

The health sector in CAR has long been degraded by successive armed conflicts. As is the case with other public services, much of the health care outside of Bangui is provided by NGOs. Geographic coverage of medical services for survivors of sexual violence by any kind of provider is thin. According to a recent joint evaluation by the government, UNFPA and the French Red Cross, 60% of CAR's 71 sub-prefectures have sexual and gender-based violence services. Of these, only 58% provide services through public health facilities, medical centres and hospitals which are supported by international partners.¹⁴¹

ASP was repeatedly told that, even where medical facilities exist, expertise on sexual violence is low. Even the Community Hospital in Bangui, which is one of the main entry points for survivors of sexual violence in the capital, lacks specialised services and refers complex cases to international NGOs.¹⁴² A doctor at the hospital told ASP that the hospital has no record of having received any cases involving male survivors of sexual violence in the past five years.¹⁴³

Theodore, one of the four survivors interviewed by ASP, received treatment at Bangui Community Hospital following his escape from UPC captivity in Basse-Kotto in early 2017. He told ASP that he received routine HIV testing, vaccinations for tetanus and Hepatitis B, and treatment for a sexually transmitted infection that he had contracted as a result of being raped. He did not disclose the sexual violence he suffered to the doctor who examined him and, it appears, neither was he asked.¹⁴⁴

MINUSCA's Senior Women Protection Advisor told ASP of a case in which three at-risk children were being treated by a local doctor, who determined that the two girls had been raped. Nobody asked, "what about the boy?"¹⁴⁵

Three years after Alexis had been raped by ex-Séléka fighters, he had not sought medical care or other support when ASP interviewed him in September 2017. Alexis said that he still suffered from various physical and psychological problems including pains in his stomach, sexual dysfunction, anxiety, depression, flashbacks, nightmares and anger. He had been self-medicating but wanted to seek professional care. He said that he did not know how to do this: "Maybe someone can tell me how to get care but I do not know anybody [who can help]."¹⁴⁶

Public mental health and psychological services are even more limited in CAR. There are reportedly only two psychologists and no psychiatrists to serve the whole population.¹⁴⁷ NGOs provide the bulk of MHPSS for survivors but there are also concerns about their competencies in this field. For

140 Focus group discussion, Obo, 19 September 2017.

141 UNFPA, *French Red Cross and CAR government, Evaluation De La Qualite Des Services De Prise En Charge Clinique Des Violences Sexuelles En RCA, Juillet 2016 – Février 2017*, 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/rapport_eva_qlte_pec_vs_rca_17_vd_1.pdf

142 Confidential email communication, November 2017. According to the source, services for sexual violence survivors were disrupted in April 2017 when an INGO withdrew from a hosting relationship with the hospital. Services for sexual violence survivors were restarted with the support of an INGO in December 2017.

143 Interview with medical doctor at the Community Hospital, Bangui, 3 October 2017.

144 ASP was likewise told by an official at the public hospital in Obo that she was also not aware of any cases of men or boy survivors of sexual violence having been treated there. Interview with medical official at the Obo public hospital, Obo, 16 September 2017.

145 Interview with MINUSCA's Senior Women Protection Advisor, Bangui, 13 September 2017.

146 See "Male Survivors of sexual violence from Kaga Bando" above. As with the other survivors interviewed, ASP provided Alexis with information on where he could go for medical and other assistance and followed up with interlocutors to check on his wellbeing and whether he had received treatment.

147 This source said 10 psychology students graduated in December 2017 at a Bangui university.

example, two national NGOs, in Bangui and Obo, told ASP that they provide psychological services for child survivors, but also disclosed that they did not have trained psychologists on their staff.¹⁴⁸ In the absence of trained mental health care, there are serious concerns that the patchwork of interventions could result in harm to survivors. An international child protection expert told ASP “we are desperately trying to make child protection actors realise that they are not psychologists”.¹⁴⁹

A “CRITICAL GAP” IN SERVICES FOR BOYS

“There are next to no psychological services in the country – nothing exists. How can we provide specialist services for boys?”¹⁵⁰

A May 2017 assessment by the Global Protection Clusters’ Child Protection Area of Responsibility found a “critical gap in providing quality services for child survivors”. The assessment concluded that, notwithstanding broader challenges involved in delivering services in CAR, that CAR and particularly Bangui are “rife with opportunities” for strengthening services for child survivors. In each of the three cities it visited (Bangui, Bossangoa and Kaga Bandoro) the assessment team reported that it had found actors capable of providing quality clinical care to survivors of gender-based violence that, with a few improvements, could be made “ideal for children”. The assessment focused on girls and made no specific reference to boys. Nevertheless, many of its recommendation can and should be applied in a gender inclusive way.

Recommendations made by the assessment team include:

- Strengthen co-ordination among key stakeholders, especially child protection, gender-based violence and health actors; camp co-ordination and camp management; shelter providers; and water, sanitation and hygiene actors;
- Align case management systems (in which caseworkers and the survivor work together to identify and connect to required services in a safe and supportive way) and referral pathways (in which there is greater co-ordination between child protection and gender-based violence actors);
- Provide training for all existing health facility support staff and non-clinical staff on the gender-based violence guiding principles, especially for working with children using *Caring For Child Survivors of Sexual Assault (2012)*, *Clinical Care for Sexual Assault Survivors (2009)* and *Interagency GBV Case Management Resource Package (2017)*;
- Ensure that each clinic is child friendly;
- Make available a directory of service providers for child survivors of sexual abuse;
- Work with UNFPA and procure necessary kits ensuring that every clinic has and knows how to use child-friendly medicines.¹⁵¹

¹⁴⁸ Interview with local humanitarian organisation, Bangui, 5 October 2017. Interview with local humanitarian organisation, Obo, 15 September 2017.

¹⁴⁹ Interview with a representative of an international humanitarian organisation, Bangui, 4 January 2018.

¹⁵⁰ Interview with a representative of an international humanitarian NGO, Bangui, 18 December 2017.

¹⁵¹ The mission was carried out by the Global Child Protection Area of Responsibility (CP AoR) at the request of the Child Protection Sub-Cluster in CAR with a mandate to recommend how to strengthen co-ordination of responses to child survivors of sexual violence. The CP AoR is part of the Global Protection Cluster and its role is to ensure the timeliness, quality and coverage of co-ordinated child protection responses in humanitarian settings. CP AoR, *Mission Report: Central African Republic*, 2017, www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Central_African_Republic/files/car-mission-report.en.pdf

ACCESS TO JUSTICE BY MALE SURVIVORS OF SEXUAL VIOLENCE

“[D]espite the widespread nature of the phenomenon, sexual crimes have been systematically underreported and under-investigated, if investigated at all.”¹⁵²

Impunity for crimes of sexual violence in CAR has been well documented. The latest upsurge in conflict has further degraded an already broken justice system and, as of October 2017, just 14 courts were operational outside of Bangui. Meanwhile, the security situation hampered the redeployment of judicial staff in the east of the country.¹⁵³ The deployment of police and gendarmerie officers outside of Bangui is also hampered by insecurity.¹⁵⁴

For most survivors, there is nowhere to report incidents and, even if a complaint is filed, no guarantee that it will be followed up. For survivors who wish to pursue criminal justice there is little in the way of legal support and, in the absence of victim and witness protections, there exists no protection from reprisals.

Despite these obstacles, several developments give grounds for some optimism. Most notable among these are the establishment of a Special Criminal Court (SCC) to investigate serious crimes under international human rights and humanitarian law, and the creation of a specialised unit to investigate crimes of sexual violence. Both are at an early stage and face significant challenges but nevertheless offer some prospect of justice to victims. The extent to which they will address sexual violence against men and boys remains unclear.¹⁵⁵

The joint rapid intervention unit on sexual violence

The Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children (UMIRR) was established by ministerial decree in 2015 and became operational in mid-2017.¹⁵⁶ UMIRR is tasked with investigating and prosecuting crimes of sexual violence and providing support to victims. As of late 2017, 29 national police officers and gendarmes, two medical staff and two social affairs officers had been appointed to the Unit. They are supported by UN Police officers seconded to the Unit.¹⁵⁷

Training for UMIRR is provided by MINUSCA and, according to a UN official interviewed by ASP, includes training on sexual violence against men and boys, although the level of detail at which the issue is addressed remains unclear.¹⁵⁸ UMIRR has also developed a referral system for survivors of sexual violence, although in view of the limited services available, it is unclear whether the system

152 OHCHR Mapping Report, 2017.

153 UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 50.

154 According to the Final report of the Panel of Experts on CAR, 2017: “Officers are gradually being redeployed to several prefectures, including in Bambari where an ‘armed group free zone’ was created in February 2017... 32 gendarmes have been deployed with the support of MINUSCA since then. In mid-October, nine gendarmes and seven police officers were also deployed to Bocaranga (Ouham-Pendé Prefecture)”.

155 These justice initiatives have their basis in the November 2014 National Reconciliation Strategy and commitments made at the May 2015 Bangui Forum. The National Reconciliation Strategy, developed by the Transitional Government, outlines a broad-based plan of action to reduce conflict between belligerents and within communities, and to build foundations for long-term reconciliation. Among other things it called for perpetrators of crimes targeting civilians on account of their social, ethnic or religious affiliation to be investigated, arrested and brought to justice, and for the establishment of a Truth, Justice, Reparation and Reconciliation Commission. See *Stratégie globale de réconciliation nationale en RCA*, 2014. The Bangui Forum (officially the National Forum on Reconciliation and Reconstruction), which was attended by 585 representatives from government, armed groups and civil society, resulted in the signing of three agreements by parties to the conflict including the Republican Pact for Peace, National Reconciliation and Reconstruction under which signatories committed, among other things, to create a Special Criminal Court to try serious crimes, to co-operate with investigations by the Special Criminal Court, the ICC and national courts, and to establish other transitional justice processes. See *Rapport Général du Forum national de Bangui du 4 au 11 Mai 2015*, <https://jfkablog.files.wordpress.com/2016/05/forum-de-bangui-rapport-general.pdf>

156 Decree No. 15.007, portant Création d’une Unité Mixte d’Intervention Rapide et de Répression des Violences Sexuelles Faites aux Femmes et aux Enfants, 2015.

157 UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/94 (2017), para. 33.

158 Interview with UN officials working in support of UMIRR, Bangui, 6 October 2017.

works and whether it includes referral pathways for male survivors.¹⁵⁹

ASP was told that, despite its name, UMIRR can receive and follow up on cases of sexual violence against men and boys. However, a senior UMIRR official acknowledged that it is more focused on women, and this is evident from the cases that UMIRR has handled so far.¹⁶⁰ In its first three months, UMIRR received 300 cases of gender-based violence.¹⁶¹ These included four cases involving boys, which were not conflict-related. No cases involving adult males were received.¹⁶² ASP is concerned that UMIRR's name could prevent adult male survivors from receiving support through it.

International and internationalised criminal investigations

Importantly, the ICC investigations in CAR led to the 2016 conviction of Jean-Pierre Bemba Gombo for war crimes and crimes against humanity, including the rape of men.¹⁶³ The judgment is significant because it represents the first ICC conviction of an individual for his responsibility as commander for crimes of sexual violence against men in the context of the armed conflict. The judgment referenced two incidents involving men. In one case, members of the armed group, Mouvement de libération du Congo (Movement for the Liberation of Congo, MLC) raped a man, after having raped his family members.¹⁶⁴ In another case, a man was also subjected to rape.¹⁶⁵ Jean-Pierre Bemba was found guilty for his role as a commander in failing to prevent or punish a series of rapes and other sexual crimes by his troops.¹⁶⁶

In 2014, the ICC Prosecutor had opened another investigation on the situation in CAR following a referral by the CAR government. The ongoing investigation is focused on alleged war crimes and crimes against humanity, including rape, committed in the context of renewed violence since 2012. In opening the investigation, the ICC Prosecutor noted how both the Séléka and the anti-Balaka groups have allegedly committed crimes against humanity and war crimes, including rape.¹⁶⁷ No charges have been issued yet and the outcome remains unclear.

Meanwhile, the SCC, which was established in June 2015 to investigate and prosecute grave human rights violations and serious violations of international humanitarian law committed since 2003, has recently become operational.¹⁶⁸ The Court is a hybrid body, with national and international judges and prosecutors, embedded within CAR's criminal justice system. While the

¹⁵⁹ UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 35.

¹⁶⁰ Interview with senior UMIRR official, Bangui, 6 October 2017.

¹⁶¹ See draft National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021. Copy on file with ASP.

¹⁶² Interview with UN officials working in support of UMIRR, Bangui, 6 October 2017.

¹⁶³ The Prosecutor v. Jean-Pierre Bemba Gombo (N° ICC-01/05-01/08), ICC Trial Chamber III, judgment of 21 March 2016.

¹⁶⁴ Paragraph 498 (footnotes omitted): "Some days later, six armed soldiers entered P69's compound. At least four of them dragged his wife from the kitchen, threw her down, and 'slept with' her. P69 later saw semen leaking out of her vagina and anus; his wife said that the soldiers had penetrated her. When P69 protested, two soldiers took him into a bedroom, and, holding him at gunpoint, penetrated his anus and mouth. Thereafter, P69 suffered severe damage to his anus, his wife had to have an operation, and his family was 'completely destroyed'."

¹⁶⁵ Paragraph 494 (footnotes omitted): "The same day that his wife, daughters, and granddaughter were attacked, three armed soldiers forcefully penetrated P23's anus with their penises in his compound, while family members and his neighbour looked on. In light of the above, the Chamber finds that, in early November 2002, in P23's compound in PK12, three perpetrators, by force, invaded P23's body by penetrating his anus with their penises. After the events, P23 could not walk, as his anus was swollen and he was treated only with traditional leaves. People in his community disrespected him. He considered himself a 'dead man'."

¹⁶⁶ For summary of the proceedings and links to relevant documents, see ICC, Case information sheet, <https://www.icc-cpi.int/car/bemba/Documents/BembaEng.pdf>

¹⁶⁷ For summary of the current investigation and links to relevant documents, see www.icc-cpi.int/car/I

¹⁶⁸ Organic Law No. 15-003 of 3 June 2015, on the establishment, organisation and functioning of the Special Criminal Court (Loi organique No 15.003 portant création, organisation et fonctionnement de la Cour Pénale Spéciale), French text available at www.legal-tools.org/en/doc/248f36/

Special Prosecutor for the Court and other appointments have been made,¹⁶⁹ investigations are not expected to begin in the near future for technical and logistical reasons.¹⁷⁰

The SCC's prosecution strategy is still being developed; however, the Special Prosecutor indicated to ASP that the Court's outreach strategy includes plans for reaching specific groups of sexual violence survivors who are "reluctant to speak", including males.¹⁷¹ Unfortunately, the SCC faces significant funding challenges.¹⁷² The security of its own staff, as well as of victims and witness, are also significant concerns in the face of continuing high levels of insecurity across much of the country. Encouragingly, a strategy for witness and victim protection both for the SCC and for the ordinary courts has been developed, as well as a national strategy on legal aid.

Issues of complementarity and co-ordination between the ICC, the SCC and national courts must also be resolved. The statute of the SCC provides that if the Prosecutor of the ICC decides to hear all future applications regarding a case, the SCC will give the ICC primacy. However, ICC investigations and prosecutions are likely to focus only on the prosecution of high-level officials, leaving the SCC to focus on other perpetrators.¹⁷³ And while domestically the SCC has primacy of jurisdiction over war crimes and crimes against humanity committed since 2012, this does not preclude ordinary courts from trying such crimes, including crimes of sexual violence. OHCHR addressed this issue in its Mapping Report, noting that "the scale of serious crimes committed in the Central African Republic, suggest that if an appropriate jurisdiction-sharing strategy is developed, such trials in regular courts are not ruled out, and may be useful to avoid an overflow of cases before the Special Criminal Court."¹⁷⁴

National courts

Though the CAR Penal Code punishes rape and sexual assault as criminal offences, the criminal justice system in CAR has typically failed to successfully prosecute these crimes. In 2016 the Minister of Justice signalled the intent to see perpetrators of rape brought to justice by reversing a troubling 1998 instruction from the Public Prosecutor that acts of rape should be treated as misdemeanours.¹⁷⁵

In reality, national courts have little capacity to implement the new policy. According to MINUSCA there has been just one successful prosecution of a case of sexual violence in the CAR courts in recent years.¹⁷⁶ The case involved the rape of a 16-year-old girl by two members of an anti-Balaka group. The two were found guilty in 2017 by the "Tribunal de Grande" in Bambari, and sentenced to two years' imprisonment and fined 100,000 Central African (CFA) francs (approximately US\$189). To ASP's knowledge, no case on behalf of male victims has been brought in CAR's courts. Of the four survivors interviewed by ASP, one reported to the police but nothing came of it.¹⁷⁷ The three others had not lodged criminal complaints. In Jacques' view, "it's in God's hands".

169 Toussaint Muntazini Mukimapa, a former military prosecutor in the DRC, was named as the Special Prosecutor in February 2017. For update on other appointments see UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 48.

170 FIDH, "What is the Special Criminal Court", 2017, www.fidh.org/en/region/Africa/central-african-republic/what-is-the-special-criminal-court

171 Interview with SCC Special Prosecutor, Bangui, 29 September 2017. "An outreach strategy has been developed and preliminary outreach sessions have taken place with civil society." See <https://reliefweb.int/report/central-african-republic/progress-and-challenges-establishing-special-criminal-court-central>

172 UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 48.

173 Article 7, Loi organique No 15-003 portant création, organisation et fonctionnement de la Cour pénale spéciale, adopted on 3 June 2015.

174 OHCHR Mapping Report, 2017, p. 324.

175 UN, Report of the Secretary-General on Conflict-related sexual violence, UN doc. S/2017/249 (2017), para. 23.

176 Email communication with MINUSCA official, 22 November 2017.

177 "Alexis", see "Male survivors of sexual violence in Kaga Bandoro" above.

Other judicial gaps also remain.¹⁷⁸ Survivors need to have access to free medical-legal certificates if they are to bring future cases against perpetrators, and/or for the purposes of obtaining support or asylum. Evidence collection also remains weak; survivors of sexual violence in CAR are not routinely offered a forensic examination and CAR currently lacks the ability to correctly collect, store and preserve medical and other forensic evidence. Given the difficulties to accessing justice, however, it is positive that progress has been made on providing legal aid to survivors.¹⁷⁹

Non-judicial justice processes

The 2014 National Reconciliation Strategy and the Republican Pact for Peace, National Reconciliation and Reconstruction (agreed at the 2015 Bangui Forum) contain commitments to establish a truth commission and to pursue other transitional justice processes including events such as a national day in memory of victims of armed conflict.

OHCHR has proposed putting in place preparatory measures to advance transitional justice, which include developing documentation and archives, and strengthening the capacity of civil society organisations. It also recommends the establishment of a victim and witness protection programme. In all it recommends that combating sexual violence against men and boys be prioritised.¹⁸⁰ It is important that sexual violence against men and boys is included in these preparatory steps on transitional justice and specific strategies designed to support the participation of male survivors.

In the meantime, there is an immediate need to put in place measures to exclude from state institutions individuals who have committed serious violations and to prevent them from committing such violations in the future in the context of disarmament, demobilisation, reintegration and repatriation processes. Agreements typically make provision for the vetting of ex-combatants from armed groups seeking integration into the FACA,¹⁸¹ and a DDRR pilot project was launched in August 2017 with the support of MINUSCA and the European Union Military Training Mission. The pilot includes the formation and training of a “mixed DDR company” consisting of current members of FACA and ex-combatants from the 14 participating armed groups.¹⁸² A process of broader security sector reform is also underway. Against this backdrop, OHCHR has recommended, as an immediate priority task, the development of a nationally owned vetting process that includes human rights vetting, including in the context of integration of demobilised armed group elements.¹⁸³

PROTECTING MEN AND BOYS AGAINST SEXUAL VIOLENCE

Protection of civilians

The primary responsibility to protect civilians in its territory lies with the government of CAR. However, because of its lack of capacity to do so, this role has fallen to international forces. The protection of civilians from physical threat of violence has formed a central plank of MINUSCA’s mandate since it was established in April 2014.¹⁸⁴ Although MINUSCA has saved lives, it has

178 According to the UN, “fourteen courts were operational outside Bangui. The security situation prevented the redeployment of judicial actors in the east.” See UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 50.

179 According to the UN, “national authorities endorsed the national strategy on legal aid and finalized the review of the draft law on legal aid, with the support of MINUSCA and UNDP. A third legal aid clinic was opened in Bossangoa, in addition to those in Bangui and Bria.” See UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 50.

180 OHCHR Mapping Report, 2017.

181 Agreement on Principles of Disarmament, Demobilisation, Reintegration and Repatriation (DDRR), 10 May 2015. See Rapport Général du Forum national de Bangui du 4 au 11 Mai 2015. A national DDRR Strategy was subsequently adopted in October 2016.

182 See Mid-term report of the Panel of Experts on the Central African Republic extended pursuant to Security Council resolution 2339, UN Doc. S/2017/639 (2017), para. 26; and Final report of the Panel of Experts on CAR, 2017, para. 18. The latter notes that training was postponed “for both administrative and political reasons, as the integration of ex-Séléka fighters in the national army remains contested by some high-ranking FACA officers”.

183 OHCHR Mapping Report, 2017.

184 UN Security Council resolution 2387 (2017).

also been criticised for its failure to protect civilians, including against sexual violence.¹⁸⁵ Faced with limited resources and a situation in which at least 60% of the country remains outside of government control, MINUSCA has struggled to fulfil its protection mandate. Meanwhile, insecurity is increasing.

In November 2017 an additional 900 military personnel were authorised by the UN Security Council to increase MINUSCA's "flexibility and mobility to improve the efficient implementation of its full mandate and, in particular the protection of civilians".¹⁸⁶ According to some observers, the way in which the additional resources are deployed will determine their effectiveness. Any impact will be limited unless the troops are well trained, well equipped, and have an effective strategy to pursue armed groups.¹⁸⁷

Improving protection of civilians from sexual violence will also require co-ordination with other non-military actors. Experts from organisations working on human rights, humanitarian relief, child protection and gender-based violence – together with relevant UN agencies – will need to develop a shared analysis of the problem and agree on gender-inclusive strategies to address it.

Although protection against the threat of sexual violence features in their strategies and operational planning, the focus is on women and girls. As one MINUSCA representative explained, "*MINUSCA does forward patrols for protecting women and girls against sexual violence but we don't have a specific response for men.*"¹⁸⁸ "*The issue of men and boys is very new, we don't know the extent to which it is happening and we don't know the scale. It has never been put on the table.*"¹⁸⁹

Action plans to prevent sexual violence against children

Armed groups in CAR have been listed in the annexes of successive Annual Reports on Children and armed conflict of the UN Secretary-General, including for committing rape and other forms of sexual violence against children, in accordance with UN Security Council resolution 1882 (2009).¹⁹⁰ Once listed, groups are required to engage with the UN to develop action plans to prevent and end the grave violations against children for which they have been listed.

In CAR, ex-Séléka, anti-Balaka and associated groups have been listed since 2014 as parties that are responsible for a pattern of rape and sexual violence against children. The LRA is likewise listed for having committed sexual violence in CAR as well as elsewhere in the region.¹⁹¹ Despite having been listed for successive years, none have yet signed an action plan. ASP was informed that the process of developing a plan with the ex-Séléka is underway and that advocacy is ongoing with anti-Balaka groups, for which action plans may be a less suitable tool given their less formal structure.¹⁹² In the face of continued reports of grave violations by ex-Séléka and by anti-Balaka and other self-defence groups, it is important to use all available tools to enhance the protection of children.

185 See for example HRW, *Civilians Targeted as Violence Surges*, 2017; and Amnesty International, *Civilians facing atrocities in Basse-Kotto*, 2017.

186 UN Security Council resolution 2387 (2017). The additional troops brought MINUSCA's ceiling to 11,650 military personnel.

187 Email conversation with Lewis Mudge, Human Rights Watch, 13 September 2017 and confidential email conversation with MINUSCA official, 6 December 2017.

188 Confidential interview with civilian MINUSCA official, Bangui, 9 December 2017.

189 Confidential interview with civilian MINUSCA official, Bangui, 8 December 2017.

190 UN Security Council resolution 1882 (2009) requested the UN Secretary-General to include in the annexes to his reports on children and armed conflict those parties to armed conflict that engage, in contravention of applicable international law, in patterns of killing and maiming of children and/or rape and other sexual violence.

191 UN, *Report of the Secretary-General on Children and armed conflict*, UN Doc. S/2017/821 (2017). All three are also listed for other grave violations against children including the military recruitment and killing and maiming of children.

192 ASP interview with MINUSCA official, 12 January 2018.

V. CONCLUSIONS AND RECOMMENDATIONS

Competing needs and extremely high rates of sexual violence against women and girls in CAR have meant that resources are already thinly stretched. If men and boys are to be integrated into sexual violence prevention and response programmes in a way that is not detrimental to women and girls, an integrated strategy will have to be developed and resourced. Service providers will need specialised training to improve identification and facilitate disclosures in order to provide care, including in specific approaches that are most suitable to male survivors.

There are immediate opportunities to strengthen responses to all survivors including via the planned National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021. This three-year strategy, which is in the process of being finalised, should provide the policy framework for all interventions to prevent and respond to gender-based violence, including sexual violence, and set out actions needed for better co-ordination and integration of responses between the national authorities, UN and non-governmental stakeholders including in the areas of data gathering, service provision, community awareness and engagement, and institutional capacity-building and training. If the National Strategy is to be fully effective, the vulnerabilities of males must be explicitly recognised and gender-specific responses included.

The National Strategy also includes actions aimed at strengthening access to justice for victims of sexual violence, which is currently effectively non-existent for victims whether male or female. In relation to accountability, two recent developments give some cause for optimism, specifically the establishment of a Special Criminal Court (SCC) to investigate serious crimes under international human rights and humanitarian law, and the setting up of a specialised police unit, the Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children (UMIRR) to investigate crimes of sexual violence. Both are at an early stage and face significant challenges but nevertheless offer some prospect of justice to victims and present opportunities for building in a response to sexual violence against males as part of their broader work.

To contribute to these and other actions aimed at preventing and responding to sexual violence against men and boys in CAR, ASP offers the following recommendations:

- 1. Non-state armed groups must immediately cease direct attacks on civilians; issue clear, public orders to their forces to stop all sexual violence; and co-operate with investigations and prosecutions for sexual violence by national and international authorities.** A large number of recent cases of sexual violence against men and boys have been committed by ex-Séléka, self-defence and anti-Balaka armed groups. Commanders of these groups should comply with their legal obligations under international law, including under international humanitarian law, to prevent the commission of war crimes and crimes against humanity by their forces, including rape and other forms of sexual violence. They should:
 - Remove from their ranks members of armed groups charged with crimes of sexual violence and facilitate their transfer to national authorities or MINUSCA for investigation and prosecution;
 - Ensure unhindered access to areas under the control of armed groups to police, prosecutors, judges and other law enforcement and judicial officials involved in the investigation of crimes of sexual violence and other violations of international law;

- Parties listed in the UN Secretary-General's Annual Reports on Children and armed conflict and on Conflict-related sexual violence should engage with the UN to agree and implement time-bound action plans to prevent and end grave violations against children, including sexual violence.

2. The issue of sexual violence against men and boys should be integrated into all state, UN, national and NGO strategies to prevent and respond to sexual violence. New resources should be dedicated to training and strengthening capacity to address the specific needs of male survivors.

The process of finalising the National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021 provides an immediate opportunity to ensure that these responses are gender inclusive. Funding appeals should likewise be revised to reflect additional resources needed to ensure that programming and services for male survivors is not provided to the detriment of women and girls. Specifically:

- The CAR government, in co-operation with UN agencies and MINUSCA, should revise the draft National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021 to ensure that it is gender inclusive, and finalise it without further delay;
- GBV and Child Protection Sub-clusters, UN agencies and international and national NGOs whose work involves preventing and responding to sexual violence should urgently review their strategies, plans and standard operating procedures to ensure that they are gender inclusive (addressing the unique needs of women and men) and gender specific (recognising the unique needs of women and men);
- Donors should increase funding of programmes to combat sexual violence in CAR, ensuring that sexual violence against males is integrated into any programme that they fund.

3. Data gathering and safe, anonymous information sharing on sexual violence against men and boys should be strengthened as part of broader efforts to monitor and report on conflict-related sexual violence. There should be a working assumption that men and boys may be at risk of sexual violence, and data gathering and screening processes should be designed to identify male and female survivors. Data sharing and co-ordination among stakeholders should be strengthened while prioritising at all times the safety and wellbeing of survivors. Specific actions should include:

- Consistent definitions and standards for data collection should be agreed across all mechanisms for monitoring sexual violence (including among others, GBVIMS, MINUSCA human rights reporting, the MRM and MARA) to ensure accurate and consistent investigation, recording and reporting of incidents of sexual violence against males;
- Vulnerable groups such as IDPs and children associated with armed groups and armed forces should be systematically screened to identify men and boys who may have been subjected to sexual violence. Facilities (such as listening centres and child-friendly spaces) should be designed to support confidential, safe access for male survivors. This should include the availability of confidential reporting mechanisms and well-trained male and female staff;
- Protocols for data sharing between MINUSCA and GBVIMS should be swiftly agreed

and other necessary arrangements put in place to allow appropriate, anonymous information to be shared;

- Develop a common analysis of risks, patterns and prevalence of sexual violence against men and boys.

4. All relevant national and international stakeholders should receive gender-inclusive training on how to respond to sexual violence. The lack of awareness of and expertise in conflict-related sexual violence against men and boys among many national and international health, humanitarian, human rights, justice and other agencies should be urgently addressed. Trainings should include the distinctions and connections between gender, sexuality, sexual orientation and sexual violence. All service providers should be able to refer male survivors for medical, mental health, psychosocial and other appropriate support. Consideration should be given to the development of strategic partnerships through which relevant expertise can be shared. Among the priority sectors for training are:

- Relevant government representatives, including in the Ministry for the Promotion of Women, and the Family and the Protection of Children, and the Ministries of Health and Justice;
- Medical and mental health professionals and humanitarian workers;
- MINUSCA personnel, including military peacekeepers and UN Police;
- Additionally, MINUSCA, the UN Development Programme (UNDP) and other training providers to the national police, gendarmes, UMIRR, prosecutors and judges should ensure that training covers how to respond to, investigate and prosecute cases of sexual violence against men and boys;
- Likewise, the EU Training Mission and other trainers of the national armed forces (including the new integrated brigade), should ensure that training on protection against sexual violence is incorporated as a core part of the curriculum.

5. Awareness raising and sensitisation activities on sexual violence should be gender inclusive. Concerted effort is needed to build broader awareness of sexual violence against males in CAR and to counter the stigma associated with it. This is long-term work that will require a cultural shift but which is essential to creating a supportive environment. The national authorities, humanitarian organisations, MINUSCA and others involved in awareness raising and sensitisation activities should ensure that:

- Messages on sexual violence should be gender inclusive and avoid gender stereotyping. It should be made explicit in all awareness and outreach activities that men and boys can potentially be victims of sexual violence. Gender-specific guidance should be given on how to respond to male survivors and information provided on where male survivors can access care and support;
- Awareness and outreach activities should be designed to reach men and boy survivors and others who are in a position to support male survivors, for example, neighbourhood chiefs, community leaders and IDP camp leaders. Sports clubs, radio stations or music that has a male audience can also be utilised.

6. Mental health and psychosocial services must be strengthened so that they are available to all survivors of sexual violence and should be gender inclusive.

Accelerated efforts are needed to strengthen services and to ensure that gender-specific services for men and boys are integrated into programme delivery. Existing examples of good practice in responding to male survivors, some of which are included in this report, should be built upon. Minimum responses should include:

- Immediate access to free, survivor-centred, high quality, confidential medical care for men and boys in public hospitals, health centres or in mobile clinics and in facilities run by non-governmental health providers. All service should uphold a strict respect of informed consent and be designed and delivered with a survivor-centric approach;
- Medical-legal certificates should be offered free of charge to all sexual violence survivors at the time of the initial medical consultation;
- Implementation of safe and confidential referral systems for male survivors to providers of medical, psychosocial and legal services;
- Access to psychosocial support for male sexual violence survivors, witnesses and, if needed, for their family members at district and community level including through existing community protection mechanisms and by facilitating the establishment of peer support groups for male survivors. These services should be widely advertised and made available both to survivors and to those who have witnessed sexual violence;
- The development of specialised services for child survivors of sexual violence including boys. Special attention should be paid to children associated with armed forces and armed groups, unaccompanied children and other groups who may be at particular risk of sexual violence;
- Conduct safety assessments for survivors, including in family or social contexts, and explore options for a prompt removal if necessary to safe, secure and confidential accommodation for men and boy survivors pending longer-term solutions;
- Men and boys should be consulted and involved in the design of programmes, and survivors consulted on their implementation.

7. Impunity for crimes of sexual violence must end and victims' right to remedy must be fulfilled by holding perpetrators to account and providing comprehensive reparations to survivors. Accelerated action is needed to strengthen the capacity of national law enforcement to investigate and prosecute crimes of sexual violence and to fully operationalise the SCC. These institutions should have dedicated capacity and expertise to effectively address sexual violence against all victims. Immediate action should be taken to:

- Ensure that UMIRR is accessible to male survivors, that it proactively investigates reports of sexual violence against men and boys, and that it provides gender-specific support to them or refers them to services that can provide appropriate support. Consideration should be given to changing its name (currently the Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children) to include men so that a clear message is sent that UMIRR is gender inclusive;

- Prioritise sexual violence, including against men and boys, in investigation and prosecution strategies of the SCC. Dedicated capacity on sexual violence should be created within the Office of the Prosecutor including through the appointment of senior gender advisors with expertise on sexual violence against both females and males;
 - Strengthen the capacity of the regular judicial system to investigate and prosecute conflict - related crimes of sexual violence;
 - Finalise the national legal framework of victims and witness protection, with particular attention to survivors of sexual violence who face stigma and reprisal. Victim and witness protection should be incorporated into the SCC, national judicial institutions and any other future transitional justice processes such as a truth commission;
 - Ensure that all survivors of sexual violence have access to free legal services and other support to enable them to pursue justice and participate in criminal justice processes;
 - Ensure that members of armed groups who are integrated into the national security forces as part of DDRR agreements are screened and that anyone charged with having committed human rights violations including sexual violence are barred from membership of FACA or other elements of the state security forces. A comprehensive vetting of existing security forces should also be undertaken, and individuals removed if there are credible allegations that they have committed, authorised or condoned human rights violations;
 - Put in place preparatory measures for the establishment of a truth commission as recommended by OHCHR in its May 2017 Mapping Report. These should include strengthening documentation and archives; supporting victims' organisations to advocate for transitional justice; strengthening the capacity of civil society organisations; and initiating national consultations and sensitisation on transitional justice;
 - Immediately plan a comprehensive, victim-centred, gender inclusive reparations programme that is accessible to all survivors of sexual violence.
- 8. Protection of men and boys from sexual violence should be factored into strategies and actions to protect civilians from physical violence, including physical protection by military peacekeepers and political engagement with armed groups. The UN must ensure that its military, police and civilian personnel comply with the UN “zero tolerance” policy on sexual exploitation and abuse.**
- The MINUSCA-led working group on protection of civilians should urgently review its Protection of Civilians strategy to ensure that it incorporates potential risks of sexual violence to men and boys. Humanitarian agencies via the UNHCR-led Protection Cluster should co-ordinate with MINUSCA to ensure that it has a full picture of patterns of sexual violence including against men and boys to enable it to develop fully informed strategies and actions;
 - Regular consultations with communities should be undertaken, including with male community members to identify security risks including possible risks to men and boys of sexual violence;

- MINUSCA and UNICEF should intensify engagement with armed groups listed in the UN Secretary-General's Annual Reports on Children and armed conflict and on Conflict-related sexual violence to agree and support the implementation of measures to end and prevent sexual violence by armed groups. Where the informal nature of armed groups or the lack of formal command and control structures means that action plans cannot be agreed, alternative strategies should be developed in co-operation with non-governmental child protection stakeholders and local communities.
- Efforts to prevent sexual exploitation and abuse by UN peacekeeping personnel should be further strengthened in the light of on-going reports of incidents.

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Cover photo: Zack Baddorf

“If I do not talk to others, it is because I am afraid of being laughed at, joked about or stigmatised.”

The conflict in the Central African Republic (CAR) has claimed thousands of lives and forced hundreds of thousands to flee their homes. Since the latest fighting began in 2012, grave violations of human rights and humanitarian law have been committed by state armed forces and non-state armed groups that could amount to war crimes or crimes against humanity.

Yet, among these well-documented crimes, there are also hidden victims; men and boys who have experienced sexual violence, often at the hands of armed groups, and whose suffering is underreported and largely ignored.

The research documented in this report indicates a discernible pattern of victimisation of men and boys in CAR that warrants urgent attention. All Survivors Project spoke to survivors and witnesses of these crimes, as well as to key experts from agencies working in CAR, to shine a light on this hidden aspect of the armed conflict.

The scale and nature of sexual violence against males in CAR is little understood and men and boys have not been systematically factored in to protection strategies or into the design and implementation of responses for survivors. Meanwhile, stigma and shame prevents men and boys reporting crimes of sexual violence and receiving the support that they urgently need.

Lessons must be learned from this and other conflicts to ensure that better reporting and support mechanisms and avenues to justice are put in place for male survivors of sexual violence. While some progress is being made in ensuring victims of the conflict receive justice, more needs to be done to end impunity for crimes of sexual violence and fulfil victims' right to remedy.