

## **Central African Republic**

SUBMISSION TO THE UNITED NATIONS COMMITTEE ON ECONOMIC, SOCIAL  
AND CULTURAL RIGHTS  
63<sup>RD</sup> SESSION, 12 - 29 MARCH 2018  
**ALL SURVIVORS PROJECT**

**All Survivors Project provides research to improve the global response to every survivor of sexual and gender-based violence in situations of conflict and displacement. We document cases of abuse against men and boys 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.**

### **Summary**

All Survivors Project makes this submission to the United Nations (UN) Committee on Economic, Social and Cultural Rights (the Committee) in advance of its consideration of the periodic report of the Central African Republic (CAR) during its 63<sup>rd</sup> Session. This submission focuses on sexual violence against men and boys in the context of the armed conflict in CAR. It relates to Articles 2, 3 and 12 of the International Covenant on Economic, Social and Cultural Rights (the Covenant).

All Survivors Project (ASP) carried out research in 2017 and early 2018 in CAR on the subject of conflict-related sexual violence against males and the factors that contribute to male vulnerability there. ASP gathered data on multiple incidents, many of which took place during the past year. ASP's findings point to a discernible pattern of male sexual victimisation that warrants urgent attention. Further information on this topic can be found in ASP's report, ["I don't know who can help," Men and boys facing sexual violence in Central African Republic.](#)<sup>1</sup>

This submission sets out ASP's concerns in relation to the inadequacy of responses to sexual violence against men and boys and makes recommendations as to how these can be strengthened.

### **I. Sexual Violence against Men and Boys (Articles 2, 3, 12)**

ASP's research points at the inadequacy of measures to prevent and respond to sexual violence in CAR, particularly when survivors are men and boys. These abuses and their

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<sup>1</sup> All Survivors Project, "I don't know who can help," Men and boys facing sexual violence in Central African Republic, February 2018, <http://allurvivorsproject.org/wp-content/uploads/2018/03/ASP-Central-African-Republic.pdf>.

inadequate response constitute a violation of the Covenant's obligations of non-discrimination, equal rights of men and women, and the right of everyone to the enjoyment of the highest attainable standard to physical and mental health enshrined in Articles 2, 3 and 12, respectively.

All Survivors Project gathered data on multiple incidents of sexual violence against men and boys committed primarily by non-state armed groups since 2013<sup>2</sup> many of the incidents documented 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).

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 by international human rights organisations. In addition, and despite efforts to stamp out sexual exploitation and abuse by UN peacekeepers, cases of such abuses 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.

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<sup>2</sup> All Survivors Project did not document cases of sexual violence by state forces and as such these are not included in the report.

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 three were captured in mid-2017 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.

## **II. Preventing and responding to sexual violence against men and boys**

### **a. National strategy to combat gender-based violence**

Central to efforts to address sexual violence, including against men and boys, will be the National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021.<sup>3</sup> The three- year Strategy, which is currently in draft form, is

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<sup>3</sup> 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.

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.<sup>4</sup>

#### **b. Access to justice by male survivors of sexual violence**

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.<sup>5</sup> The deployment of police and gendarmerie officers outside of Bangui is also hampered by insecurity.<sup>6</sup>

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 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.<sup>7</sup> Both are at an early stage and face significant challenges but nevertheless offer some prospect of justice to victims.

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<sup>4</sup> 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).

<sup>5</sup> UN, Report of the Secretary-General on the Central African Republic, UN Doc. S/2017/865 (2017), para. 50.

<sup>6</sup> 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)”.

<sup>7</sup> Decree No. 15.007, portant Création d’une Unité Mixte d’Intervention Rapide et de Répression des Violences Sexuelles Faites

The extent to which they will address sexual violence against men and boys remains unclear.<sup>8</sup>

### **c. Impact of sexual violence on the physical and mental health of survivors and access to medical care, MHPSS and protection**

The health sector in CAR has long been degraded by successive armed conflicts and all survivors of sexual violence face huge difficulties in accessing care and support, in violation of Article 12 of the Covenant. 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;<sup>9</sup> and stigma that prevents survivors from disclosing abuse.<sup>10</sup> 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.

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.<sup>11</sup> 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.

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aux Femmes et aux Enfants, 2015.

<sup>8</sup> 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 and other transitional justice processes. See *Rapport Général du Forum national de Bangui* du 4 au 11 Mai 2015, <https://jfablog.files.wordpress.com/2016/05/forum-de-bangui-rapport-general.pdf>

<sup>9</sup> 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.<sup>133</sup> 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.

<sup>10</sup> 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.

<sup>11</sup> 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).

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.<sup>12</sup> 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.<sup>13</sup> 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.<sup>14</sup>

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?"<sup>15</sup>

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].*"<sup>16</sup>

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.<sup>17</sup>

***All Survivors Project asks the Committee to call upon the government, with the support of international actors, to:***

- 1. Integrate the issue of sexual violence against men and boys into the National Strategy for Fighting Violence Based on Gender in the Central African Republic 2018-2021. New, additional resources should be dedicated to training and strengthening capacity to address the specific needs of male survivors.**

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<sup>12</sup> Confidential e-mail communication with donor government, 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.

<sup>13</sup> Interview with medical doctor at the Community Hospital, Bangui, 3 October 2017.

<sup>14</sup> This source said 10 psychology students graduated in December 2017 at a Bangui university.

<sup>15</sup> Interview with MINUSCA's Senior Women Protection Advisor, Bangui, 13 September 2017.

<sup>16</sup> 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.

<sup>17</sup> 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.

- 2. Strengthen data gathering and safe, anonymous information sharing on sexual violence against men and boys 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.
- 3. Ensure that awareness raising and sensitisation activities on sexual violence are 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, including by ensuring that messages on sexual violence are gender inclusive, and awareness and outreach activities are designed to reach men and boy survivors and others who are in a position to support them.
- 4. Strengthen mental health and psychosocial services so that they are available to all survivors of sexual violence and are 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. 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.
5. **End impunity for crimes of sexual violence and fulfil victims' right to remedy 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.