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Responding to conflict-related sexual violence against boys associated with armed forces and armed groups in reintegration programmes



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Office of the Special Representative of the Secretary-General for
CHILDREN AND ARMED CONFLICT





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¹ ASP's mission is to support global efforts to eradicate conflict-related sexual violence (CRSV) and strengthen national and international responses through research and action on CRSV against men, boys and/including people with diverse sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC). For more information visit: allsurvivorsproject.org

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Acronyms

AoR	Area of Responsibility
ASP	All Survivors Project
CAAFAG	Children associated with armed forces or armed groups
CAAC	Children and armed conflict
CAR	Central African Republic
CP	Child Protection
CRC	Convention on the Rights of the Child
CRSV	Conflict-related sexual violence
DDR	Disarmament, demobilisation and reintegration
FGD	Focus group discussion
GBV	Gender-based violence
GBVIMS	GBV Information Management System
ICC	International Criminal Court
IRC	International Rescue Committee
JRS	Jesuit Refugee Service
MARA	Monitoring Analysis and Reporting Arrangements
MHPSS	Mental health and psychosocial support
MINUSCA	UN Multidimensional Integrated Stabilization Mission in the Central African Republic
MPFFPE	Ministry for the Promotion of Women, the Family and the Protection of the Child, (Ministère de la Protection de la Femme, de la Famille, de la Protection de l'Enfant)
MRM	Monitoring and Reporting Mechanism
NSAG	Non-State armed group
OCHA	UN Office for the Coordination of Humanitarian Affairs
OHCHR	UN Office of the High Commissioner for Human Rights
OPAC	Optional Protocol to the CRC on the Involvement of Children in Armed Conflict
OSRSG CAAC	UN Office of the Special Representative of the Secretary-General for Children and Armed Conflict
RECOPE	Child Protection Community Networks (Réseaux communautaires de protection de l'enfant)
SCC	Special Criminal Court (Cour Pénale Spéciale)
TJRRC	Truth, Justice, Reparation and Reconciliation Commission
UMIRR	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)
UNFPA	UN Population Fund
UNICEF	UN Children's Fund

Key definitions

CONFLICT-RELATED SEXUAL VIOLENCE (CRSV)

Refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilisation, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. This link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group, including those designated as terrorist groups by the United Nations; the profile of the victim, who is frequently an actual or perceived member of a persecuted political, ethnic or religious minority, or targeted on the basis of actual or perceived sexual orientation or gender identity; a climate of impunity, which is generally associated with State collapse; cross-border consequences, such as displacement or trafficking; and/or violations of the provisions of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence and/or exploitation, when committed in situations of conflict.²

CHILD

As per the children and armed conflict (CAAC) mandate, in line with the OPAC definition, any person below the age of 18 years.³

CHILDREN ASSOCIATED WITH ARMED FORCES OR ARMED GROUPS (CAAFAG)

Any child 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 direct part in hostilities.⁴

2 United Nations, Report of the Secretary-General on Conflict-related Sexual Violence, March 2022, S/2022/272. Available at: <https://undocs.org/S/2022/272>

3 See Convention on the Rights of the Child (1990), article 1.

4 The Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (Paris Principles), February 2007, Principle 2.1. Available at:

Executive summary

In the Central African Republic (CAR), thousands of children have been recruited and used by parties to armed conflict over the last decade, predominantly by non-State armed groups (NSAGs). According to UN reports, many girls have been recruited for a wide range of purposes, including sexual exploitation or otherwise subjected to sexual abuse during their association with the groups, with devastating consequences for the girls. As is the case elsewhere, far less is known about how sexual violence impacts boys associated with fighting forces, such as happens in CAR, and about the needs for care and support that may arise from it.

Recognising that conflict-related sexual violence (CRSV) disproportionately affects women, including girls, and that all CRSV is severely underreported for all age and gender groups, this discussion note is intended to shed light on the under-discussed issue of how CRSV affects boys, as demonstrated in one of the situations of children and armed conflict (CAAC), specifically in CAR. Its aim is to contribute to building a better understanding of the potential risks to, and vulnerabilities of, boys to CRSV when associated with armed forces or armed groups in CAR, and to explore how existing medical care and mental health and psychosocial support (MHPSS), as well as legal/judicial and reintegration responses, can better take account of the possibility of such abuse. The following analysis and recommendations are not claimed to be exclusively relevant to boys in CAR, but instead to provide greater visibility to a phenomenon that exists in many conflict settings. Based on information gathered between March and July 2022 through interviews and focus group discussions (FGDs) with actors involved in efforts to secure the release and reintegration of children associated with armed forces or armed groups (CAAFAG) and respond to CRSV and other forms of gender-based violence (GBV) in CAR, a range of gaps in knowledge and other challenges were identified. Chief among these was:

Gaps in knowledge: As with all incidents of CRSV, CRSV against boys⁵ in CAR is not well documented, and even less so in the context of their association with armed forces and armed groups. All research participants, however, stated their belief that CRSV against boys is a widespread, albeit largely hidden problem, and one that requires much greater attention to help lift taboos and encourage boys to come forward for support.

The cultural shame and stigma attached to abuse was widely seen as the reason why experiences of sexual violence against boys in CAR are not shared. A boy who has been subjected to an act of sexual violence by a man or another boy is likely to be considered as having lost his masculinity. He may be perceived to have “behave[d] like a girl,” or to have “become a homosexual”. Such an interpretation

5 Please note that this discussion paper is focusing on CRSV against boys to provide recommendations on how to tackle the issue for them specifically, and to inform responses for all children in general. It affirms that girls may face the same patterns, situations and challenges.

can lead to victims/survivors being blamed, marginalised, mocked, humiliated, punished, or banished by communities. At the same time, traditional perceptions of masculinity deter men and boys from expressing their feelings and being a victim of violence, especially sexual violence, can be perceived as a weakness in boys.

In the face of social and cultural attitudes such as these, boy survivors may choose silence over the risk of rejection by their families and communities, and thereby not seek or receive help, which can result in lasting physical, psychological and social impacts on the victims and their families.

The silence on the part of boy victims/survivors also feeds into the wider lack of understanding of the scale and nature of sexual violence against boys in CAR, which in turn perpetuates the absence of protection strategies being developed and implemented. Shame and stigma aside, boy victims and their families also fear reprisals not just from the wider community but also from the perpetrators of sexual violence – fears that are heightened if the perpetrator belongs to their community and/or occupies a position of power. Fear that confidentiality is not guaranteed is a key factor that prevents reporting both within the justice and the health system.

Research participants acknowledged that sexual violence was used by armed groups and forces to dominate and control their members and/or opposition forces. Boy recruits were abused by other adult members and/or were forced to commit or to witness sexual violence being committed against others, including a member of their family or community. While most participants generally agreed that boys who were forced to commit acts of sexual violence thereby became victims of sexual violence, they thought that members of the wider community would consider them not as child victims but rather as being responsible for their actions.

Lack of resources and appropriate services: All stakeholders, including the UN agencies, emphasised the scarcity of resources. A particular challenge facing CAAFAG reintegration programmes is ensuring follow-up of children beyond the time span of funded projects and during gaps in funding between projects. As almost all funding for these programmes currently comes from humanitarian and emergency sources, which dictate a short timeframe, appropriate medium- or longer-term follow-up of children is rarely possible, particularly in the absence of tracking mechanisms.

According to key UN respondents to this discussion note, at the psychosocial and psychological level, there are very few quality service providers able to respond to cases of sexual violence on the ground. Other respondents emphasised that those providing psychosocial services lack the requisite knowledge and expertise to respond to sexual violence against boys.

A lack of understanding about boys' vulnerability to and experiences of sexual violence in the context of the conflict in CAR leads to a lack of recognition of the needs of boys in programme design and implementation. Survivors' associations believe that this, along with the fact that programmes and services

are limited, contribute to a situation where many victims of sexual violence – including boys – have no access to services.

Research participants noted that in recent years there have been greater efforts to provide response services for girls, but that services for boys remain inadequate or non-existent. Programmatic agencies expressed concern that they and others had been focused on the issue of sexual violence against girls and had failed to ensure that boys had the same access to care. Even where services were available to boys, they were not designed or developed specifically for them.

There was broad recognition among research participants that the needs of boys who may be victims of CRSV are not well understood. While some of these needs may be similar for boys and girls, some issues are gender specific. Medical practitioners in CAR may be more alert to the possibility that girls may have experienced CRSV but are rarely attentive to the possibility that boys may have been. They may not have expertise in identifying or responding to CRSV amongst boys. In addition, boys may feel unable to discuss sexual violence with a female medical or psychosocial worker. Reintegration and/or dignity kits for survivors of sexual violence are generally designed for girls, containing girls' clothing and sanitary products, and are thus inappropriate for boys.

A wide range of recommendations for addressing these challenges emerged through joint reflections with research participants. These were informed by the recognition that CAAFAG reintegration programmes often do not adequately serve the needs of girls, including those who have experienced CRSV, and that strengthening responses for boys also necessarily requires strengthening responses for girls, in other words, for all children. In addition, research participants considered that there should be particular attention on documenting the experience of boys and transforming responses to ensure that the needs and wishes of boy victims/survivors of CRSV are systematically considered as part of broader reintegration efforts without increasing the risk of stigmatization and harming boys. In this context, there is a need to ensure that safety, confidentiality and discretion are the highest priorities.

1. Introduction

CRSV against girls and boys continues to be vastly underreported. Less is known about the experiences of CRSV against boys associated with fighting forces. However, available information indicates that boys associated with armed forces and armed groups, while not affected in the same numbers as girls, are at high risk of CRSV, and therefore also need specialised, long-term care and support for their recovery and reintegration.

In CAR, tens of thousands of children have been recruited and used by parties to armed conflict over the last decade, predominantly by NSAGs. According to UN reports, many girls have been recruited for a wide range of purposes, including for sexual purposes or otherwise subjected to sexual abuse during their association with the groups.⁶ As is the case elsewhere, far less is known about whether or how sexual violence impacts boys associated with fighting forces in CAR, and about the needs for care and support that may arise from it.

Research for this report was carried out with the aim of contributing to deeper understandings of the potential risks and vulnerabilities of boys to CRSV in the context of their association with armed forces or armed groups in CAR, and to explore how existing medical, MHPSS, as well as legal/judicial responses, can better take account of the possibility of such abuse.

Based on information gathered, including through interviews and FGDs with key actors involved in efforts to secure the release and reintegration of CAAFAG and respond to CRSV and other forms of GBV in CAR, the report sets out the policy frameworks and programmatic and other responses that currently exist for former CAAFAG, and examines the extent to which they provide quality, age-appropriate, survivor-centred care for girls and boys who may have experienced CRSV during their association with armed forces or armed groups.

⁶ See, United Nations, Reports of the Secretary-General on Children and Armed Conflict in Central African Republic, October 2021, S/2021/882. Available at: <https://undocs.org/S/2021/882> and October 2019, S/2019/852. Available at: <https://undocs.org/S/2019/852>.

The report then proceeds to look in more detail at the situation for boys: including how far documented incidents of CRSV reflect the experiences of boys associated with fighting forces; how socio-cultural norms around masculinity and perceptions of CRSV against men and boys contribute to concealing the problem; and the gender-specific challenges facing boy victims/survivors in accessing and receiving appropriate care both in the context of CAAFAG reintegration programmes and more generally, for example in the context of minors in detention or children living on the street.

A final section provides recommendations that emerged from consultations in CAR, firstly on how overall responses for released CAAFAG could be strengthened to better serve any child who is a victim/survivor of CRSV, and then on ways in which these could be further transformed to ensure that the needs and wishes of boy victims/survivors are systematically considered as part of broader reintegration efforts.

2.

Methodology

Research for this report took place from March to July 2022. It was undertaken by two independent researchers with the assistance of ASP's representative in CAR.⁷ It was carried out in partnership with the national office of the international child protection NGO, Plan International.⁸ It was additionally supported by a Research Advisory Group (RAG), comprising Sharon Riggle (OSRSG CAAC), Professor Annie Bunting (York University), Melvine Julia Guere Mago (Ministry for the Promotion of Women, the Family and the Protection of the Child, Ministère de la Protection de la Femme, de la Famille, de la Protection de l'Enfant), Erica Hall (World Vision), Sandra Maignant (co-coordinator of the CAAFAG Task Force of the Alliance for Child Protection in Humanitarian Action⁹), and Antoine Stomboli (Global Survivors Fund). The final draft of this report was peer reviewed by UNICEF, the UN's Office of Legal Affairs, the Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (OSRSG SVC) and OSRSG CAAC.

The research was designed to respond to two key questions:

- What are the challenges, gaps and good practices in how child protection programmes and associated services support boy and girl victims/survivors of CRSV in CAR?
- How can CAAFAG reintegration programmes and associated services for boy victims/survivors of CRSV in the context of their association with armed forces and armed groups in CAR be improved?

The research involved reviews of secondary data/documentation as well as primary field research. Data/documentation reviewed included national laws, policies and strategies addressing child recruitment and use, disarmament, demobilisation and reintegration (DDR), CRSV and GBV; CAAFAG reintegration programme plans and evaluations, as well as relevant academic literature.

7 The principal investigators were Dr. Sylvie Bodineau MA, PhD and Dr. Trish Hiddleston, supported by ASP's National Consultant, Thierry Magloire Messongo Boboyangue.

8 Plan International contributed to the reflection on the modalities of the research, assisted ASP with identifying key informants, and provided security and logistical support in the field. They will also co-organise workshops with ASP to share the findings and conclusions of the research and recommendations, as contained in this report with organisations and structures who contributed to the research and who are involved in CAAFAG reintegration and sexual violence programming.

9 See <https://alliancecpha.org/en>

Field research involved three missions to CAR by the principal investigators: an initial short scoping mission in March 2022 followed by two data gathering visits – the first to the capital, Bangui, from 16 to 27 May 2022, and the second from 17 June to 9 July 2022 to Bangui, Bria (the capital of Haute-Kotto prefecture in the centre of CAR) and Zemio (a “sous-prefecture” town of Haut-Mbomou prefecture in the south-east of the country).¹⁰

During the first data gathering mission to Bangui, 39 semi-structured interviews were conducted with 61 CAAFAG reintegration policy makers, practitioners, and experts (including representatives of CAR national authorities, the UN, national and international child protection NGOs and community-based child protection structures, GBV service providers, and survivors’ associations). The second data gathering mission involved a total of six FGDs or “reflection workshops” (three in Bria and three in Zemio) with representatives of national and international child protection NGOs involved in implementing CAAFAG reintegration programmes and others involved in supporting former CAAFAG, including representatives of local authorities, representatives of community-based child protection structures, health and education professionals, foster families and apprentice masters (*maître artisans*). Two additional semi-structured interviews and one follow-up interview also took place during this mission.¹¹

The research was participative, forward thinking and action-oriented, and took account of the extreme sensitivity of the research topic. To the extent that they exist, examples of good or promising practice were discussed, but because CRSV against boys does not feature prominently in CAAFAG reintegration processes and there is little experience of addressing it in CAR or elsewhere, the research was designed to support joint reflection by participants on how responses could better support boy victims/survivors.

However, it was also recognised that reintegration programmes often do not adequately serve the needs of girls either, including those who have experienced CRSV during their association with armed groups, and that strengthening responses for boys also requires strengthening responses for girls. Hence broader, more systemic challenges in accessing appropriate care for the physical, mental and other harms resulting from CRSV faced by former CAAFAG in general were also explored and ideas on how they might be addressed discussed as part of the research.

Given the sensitive nature of the research and concerns involving security, safety and wellbeing, the study did not involve the participation of children.

10 Bria and Zemio were selected on the basis that they had a long-term presence of NGOs implementing child protection/CAAFAG reintegration programmes, were accessible, and security conditions were relatively good. FGDs/Workshops were also planned in Bambari (the capital of Ouaka prefecture in the south centre of the country) but did not take place due to the suspension of all humanitarian flights.

11 See Appendix I for further details of research participants and focus and format of semi-structured interviews and FGDs.

3.

Background

The Central African Republic is one of the poorest countries in the world, ranking 188th on the Human Development Index, and with 56 per cent of the population living in multidimensional poverty. Life expectancy at birth is 53.9 years.¹²

CAR has endured decades of instability, having effectively been in a state of civil war for most of the past 20 years. Despite a succession of peace agreements, most recently the 2019 Political Agreement for Peace and Reconciliation in the Central African Republic (known as the Khartoum Accord), fighting between armed groups and operations by state security forces against them continues.¹³ While most towns are currently under government control, armed groups are still in control in rural areas and are present in some towns. At the time of writing, the state authority has not returned in all towns.

The humanitarian situation and its limited response in CAR has worsened in recent years, exacerbated by the Covid-19 pandemic, food insecurity due to the war in Ukraine and other events such as the fuel price increase. A staggering 63% of the population (3.1 million people) need humanitarian assistance.¹⁴ International organisations continue to provide the majority of services, including medical and other health care, while certain areas remain inaccessible or with limited and sporadic access to humanitarian actors, often because of ongoing hostilities.¹⁵

12 United Nations Development Program (UNDP), Human Development Report 2021/2022, Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World, Tables 4 and 6, available at https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf.

13 The Khartoum Accord was signed on 6 February 2019 between the CAR Government and 14 armed groups, See UN News, '[Central African Republic: UN chief hails signing of new peace agreement](#)', 6 February 2019.

14 United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Needs Overview 2022. Central African Republic. English Summary, November 2021, available at <https://www.humanitarianresponse.info/en/operations/central-african-republic/document/car-humanitarian-needs-overview-hno-2022>

15 Seventy per cent of health services are provided by humanitarian organisations. See OCHA, '[Two years after the Central African Republic confirmed the first COVID-19 case](#)', 20 September 2022.

The lives of children in CAR have been blighted by conflict, including by the many serious human rights and grave violations committed against them. Recruitment and use of children by armed forces and armed groups has been among the most prevalent of these.¹⁶ A 2014 UN study estimated that between 6,000 and 10,000 children were associated with armed groups as numbers surged in the aftermath of a rebellion – that ousted the President – led by mainly Muslim Séléka rebels with

There have been thousands of recorded cases involving women and girls, and there are concerns that numbers are increasing and the victims are becoming younger. CRSV against children, including boys, has also been documented.

counter-attacks conducted mostly by Christian militias known as anti-balaka.¹⁷ Although many children have since been separated from armed groups and forces, primarily through the efforts of international child protection actors (see section 4 below), hundreds more boys and girls, some as young as six years-old, have been recruited. The UN verified 473 (144 girls, 329 boys) incidents of child recruitment and use between January 2016 and June 2019, and 845 (598 boys and 247 girls) between July 2019 and June 2021. Those responsible are predominantly NSAGs, although some incidents have also been attributed to state security forces.¹⁸

CRSV has been a persistent feature of the armed conflict to date and today is seen as the main security risk for women and girls, especially those who are internally displaced. The Khartoum Accord of 2019 included specific provisions on the cessation of all forms of sexual violence. There have been thousands of recorded cases involving women and girls, and

there are concerns that numbers are increasing and the victims are becoming younger.¹⁹ CRSV against children, including boys, has also been documented.²⁰ The Government has taken steps to address CRSV such as the signing in 2019 of a Joint Communiqué with the United Nations to tackle these crimes and the appointment of a Minister Counsellor to serve as Special Adviser to the President on CRSV.

Several prosecutions for CRSV have taken place in CAR national courts, and the first trial in the Special

16 According to the UN, during the period July 2019 to June 2021, the recruitment and use of children was the most prominent violation and the one that increased the most. See United Nations, Report of the Secretary-General on Children and Armed Conflict in the Central African Republic, October 2021, S/2021/882. Available at: <https://undocs.org/S/2021/882>

17 United Nations, Report of the Secretary-General on Children and Armed Conflict in the Central African Republic, February 2016, S/2016/133. Available at: <https://undocs.org/S/2016/133>

18 United Nations, Reports of the Secretary-General on Children and Armed Conflict in the Central African Republic, October 2021, S/2021/882. Available at <https://undocs.org/S/2021/882> and October 2019, S/2019/852. Available at <https://undocs.org/S/2019/852>. Incidents are verified by the UN-led Country Task Force on Monitoring and Reporting, but it is generally recognised that real figures are likely to be much higher. Ex-Séléka factions, the Front populaire pour la renaissance de la Centrafrique (FPRC), Mouvement patriotique pour la Centrafrique (MPC), and Union pour la paix en Centrafrique (UPC); anti-balaka local defence militias; and the Lord's Resistance Army (LRA), are listed in the annex to the 2022 Annual Report of the UN Secretary-General on Children and Armed Conflict for the recruitment and use as well as other grave violations against children, June 2022, A/76/871-S/2022/493. Available at: <https://undocs.org/S/2022/493>

19 OCHA, 'Central African Republic, Gender-based violence: a scourge with devastating consequences', 7 June 2022.

20 See ASP, "I don't know who can help": Men and boys facing sexual violence in Central African Republic, 14 February 2014.

Criminal Court (SCC) for crimes against humanity and war crimes, including rape, began in April 2022.²¹ One of the two trials arising from the situation in CAR which are currently underway at the International Criminal Court (ICC) includes charges of rape and attempted rape as a crime against humanity and a war crime. However, the absence of prosecutions for CRSV and other crimes under international law committed in CAR remains widespread, and other justice processes, including the Truth, Justice, Reparation and Reconciliation Commission (TJRRC) are not yet fully operational.²²

21 The SCC was established in 2015 by CAR to investigate and prosecute grave violations of human rights and international humanitarian law committed on CAR territory since 1 January 2003. SCC is integrated into the CAR's domestic judicial system, but staffed by both international and Central African judges, prosecutors, and administrators.

22 See, for example, United Nations Office of the High Commissioner for Human Rights, 'Central African Republic: All stakeholders must act to end impunity, says UN expert', 18 February 2022, available at <https://www.ohchr.org/en/press-releases/2022/02/central-african-republic-all-stakeholders-must-act-end-impunity-says-un>

4.

Addressing CRSV against former CAAFAG

Efforts to secure the release of children from armed groups and to support their recovery and reintegration have been ongoing for many years in CAR. Children have been able to exit groups after strong engagement by actors such as the UN Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) and UNICEF with individual armed group commanders to secure releases; through formal release agreements as part of peace processes;²³ and as a product of commitments made by individual groups under CAAC Action Plans to prevent and end grave violations against children agreed with the UN.²⁴ Many others, who are referred to as “self-demobilised” children, have left informally after escaping from or having been abandoned by the group with which they were associated.

The actual number of former CAAFAG in CAR is unknown. However, between 2014 and 2021, 17,038 children (4,517 girls and 12,521 boys) released from armed groups are known to have accessed reintegration support via UNICEF-supported programmes.²⁵ It has also been documented that several thousand have been unable to receive support due to a lack of resources²⁶. In the first six months of 2022, an additional 621 children released from armed groups are reported to have accessed

23 Under the May 2015 peace agreement following the Bangui Forum on National Reconciliation participating armed groups agreed to release all children in their ranks. See, UNICEF Central African Republic Humanitarian Situation Report, May 2015, <https://reliefweb.int/report/central-african-republic/unicef-central-african-republic-humanitarian-situation-report-may>

24 Action plans that include commitments to “prevent/end child recruitment and use, and to immediately and unconditionally release all associated with them” (engagement 2.2), have been signed by three armed groups, the Mouvement Patriotique pour la Centrafrique (14 June 2018); Front Populaire pour la Renaissance de la Centrafrique (FPRC) (5 July 2019) and L'Unité pour la paix en Centrafrique (UPC) (31 August 2019).

25 UNICEF République Centrafricaine, *Evaluation formative du Programme de Prévention du recrutement et Réintégration socio-économique des Enfants Associés aux Forces et Groupes Armés (EAFGA) en République Centrafricaine (RCA), (2014-2021)*, p.21. On file with ASP.

26 UNICEF, Crisis in the Central African Republic: In a neglected emergency, children need aid, protection – and a future, November 2018. Available at: <https://www.unicef.org/media/95331/file/UNICEF-Child-Alert-CAR-2018-EN.pdf>

UNICEF-supported reintegration programmes.²⁷

Many of these children, girls and boys, will have experienced multiple traumas before and during their association with armed forces and armed groups. They require significant short-, medium- and long-term support to assist their reintegration and overcome the physical, psychological and socio-economic consequences of their experiences.²⁸ Those who have experienced CRSV may also suffer additional profound physical and mental harms that require specialised support (from immediate medical care to longer-term health, psycho-social, social-economic and legal assistance) as part of recovery and reintegration processes.²⁹

As a State party to certain human rights treaties, notably the Convention on the Rights of the Child (CRC) and its Optional Protocol on the Involvement of Children in Armed Conflict (OPAC), the CAR government has legal obligations to provide for the physical and psychological recovery and social reintegration of children affected by armed conflict, including those who have been recruited and used by armed forces or armed groups in violation of international law.³⁰

The CAR authorities are also required to prevent and respond to all forms of sexual violence including against children.³¹ Under the 2019 joint communiqué with the UN to prevent and respond to CRSV, the Government committed, *inter alia*, to address the specific needs of women, girls, men and boys, and to develop and implement a multi-sectoral strategy for the provision of holistic

27 UNICEF, Central African Republic, Humanitarian Situation Report, June 2022. Available at: <https://www.unicef.org/media/124511/file/Central-African-Republic-Humanitarian-SitRep-June-2022.pdf>

28 Principles and best-practice stress that reintegration support should be available to all CAAFAG without discrimination for a minimum of three to five years per child according to the needs of the child and his or her family and community; that it should be a shared responsibility among multiple stakeholders across sectors and the Humanitarian Development Peace nexus, and that funding should support community-based reintegration programming that can address children's needs in the medium- to longer-term. See, Paris Principles, 2007; UNICEF, Gender-Based Violence in Emergencies Programme Resource Pack, 2019. Available at: <https://www.corecommitments.unicef.org/kbc/gbvie-programme-resource-pack-kit-1%3A-getting-started>; and Global Coalition on the Reintegration of Child Soldiers, *Gaps and Needs for the Successful Reintegration of Children Associated with Armed Groups or Armed Forces*, October 2020.

29 As set out in the Paris Principles, support services for victims/survivors of CRSV and other forms of GBV should follow international guiding principles of respect, dignity, non-discrimination, safety, security and the best interests of the survivor.

30 CRC, Article 39 and OPAC, Article 6.

31 Rape and sexual violence are prohibited under international human rights law as well as international humanitarian law (IHL), as forms of torture or other cruel, inhuman or degrading treatment and violations of the right of all persons deprived of their liberty to be treated with humanity and with respect for the inherent dignity of the human person. CAR is a State party to numerous treaties, including the International Covenant on Civil and Political Rights and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. See Human Rights Committee, General Comment No. 29 (2001) on States of Emergency, paras. 7 and 13(a) (affirming non-derogability of the prohibition of torture and other cruel, inhuman or degrading treatment or punishment and of the right of all persons deprived of their liberty to be treated with humanity and respect for the inherent dignity of the human person. The Committee against Torture has affirmed the absolute, non-derogable prohibition of torture and other ill-treatment in all circumstances, including during international or non-international armed conflicts and in the face of the threat of terrorist acts. Rape and sexual violence, including against males, are among the violations of the Convention Against Torture that the Committee has called on States to identify and report on what measures have been taken to punish and prevent them (Committee against Torture, General Comment No. 2 (2008), Implementation of article 2 by States parties). CAR is also a State party to the CRC, which prohibits the torture or other cruel, inhuman or degrading treatment or punishment of a child (article 37a), requires that "every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age" (article 37b), and also requires States parties to take appropriate legislative, administrative, social and education measures to protect the child from all forms of physical or mental violence, including sexual exploitation and abuse (article 19). CAR is also party to the African Charter on the Rights and Welfare of the Child, Article 27 of which requires States parties to "undertake to protect the child from all forms of sexual exploitation and sexual abuse". On IHL, see Article 3 common to the four Geneva Conventions (Common Article 3); Article 75(2) (b) of Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Additional Protocol I); Article 4(2)(e) of Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Additional Protocol II).

services for victims/survivors of CRSV, including CAAFAG, in coordination with relevant national and international actors.³²

The government has made commitments under the joint communiqué to end impunity for perpetrators of CRSV and, in accordance with its obligations under international treaties, it is required to provide victims/survivors with equal access to justice and reparations for harms suffered.³³ Under international juvenile justice standards, special procedures should be put in place to ensure the safe participation of child victims/survivors in justice processes.³⁴

4.1 Routes to accessing support for child victims/survivors of CRSV

In practice, there are multiple actors, though too few, involved in responding to CRSV in CAR and/or supporting the recovery and reintegration of former CAAFAG. Although the government holds overall responsibility and plays a coordinating role, lack of capacity and resources means that much of the practical implementation of programmes and service provision is done by the UN and INGOs (see sections 4.1.1 and 4.1.2 below).

Children who have experienced sexual violence in the context of their association with armed forces or armed groups can find support through child protection community-based frameworks and mechanisms designed to protect children against all forms of violence perpetrated by parties to armed conflict, including recruitment and use and sexual violence. They access child protection organisations either directly or through referral by other actors working in health, justice, or GBV issues more generally. It should be noted that, in many cases, the most urgent service/referral is health (even if it is a Child Protection (CP) or GBV case manager who facilitates the access).

32 United Nations, Joint Communiqué between the Central African Republic and the United Nations. Prevention of and struggle against conflict-related sexual violence [Communiqué conjoint entre la République centrafricaine et l'Organisation des Nations Unies. Prévention et lutte contre les violences sexuelles liées au conflit], 31 May 2019. Available at : <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/05/joint-communique/joint-communique-of-the-central-african-republic-and-the-united-nations-on-prevention-and-response-to-crsv/20190531-Joint-Communique-of-Govt-of-CAR-and-UN.pdf>

33 Principle 19, Set of principles for the protection and promotion of human rights through action to combat impunity, 2005, E/CN.4/2005/102/Add.1. See also Human Rights Committee, General Comment No. 31 (2004), The nature of the general legal obligation imposed on States parties to the Covenant; Committee against Torture, General Comment No. 2 (2008), Implementation of article 2 by States parties; United Nations, Guidance Note of the Secretary-General: Reparations for Conflict-related Sexual Violence, June 2014. Available at: <https://www.ohchr.org/sites/default/files/Documents/Press/GuidanceNoteReparationsJune-2014.pdf>

34 See for example, the CRC, UN Minimum Rules for the Administration of Juvenile Justice (Beijing Rules), UN Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines), UN Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules), and UN Guidelines for Action on Children in the Criminal Justice System (Vienna Guidelines).

However, despite the mechanisms and standard operating procedures, the system faces significant challenges, which means that the availability of and access to timely, quality care is highly uneven due to limited operational space, lack or low quality of services, and/or lack of qualified staff. Many child victims/survivors never share their experience or seek support and therefore never receive the support required for their effective recovery and reintegration.

In parallel with, and in some cases closely connected to GBV and child protection responses, are various rule of law/transitional justice processes aimed at ensuring accountability for perpetrators of CRSV and providing victims/survivors with justice for crimes committed against them. However, these too suffer from a major lack of resources and other challenges with the result that victims/survivors of CRSV, including children, in practical terms have no access to any form of meaningful justice. It should also be noted that not all survivors opt to seek formal accountability, as discussed below. Respecting a survivor-centred approach, service providers say that they inform the children and their parents and allow them to decide to proceed or not.

Many child victims/survivors never share their experience or seek support and therefore never receive the support required for their effective recovery and reintegration.

4.1.1 National-level GBV responses

At the national level, responsibility for addressing GBV rests with the Ministries for the Promotion of Women, the Family and the Protection of the Child (MPFFPE); the Promotion of Gender; and Public Health, Population and the Fight against AIDS (Health). In addition, the government set up the Strategic Committee for the Fight against Conflict-Related Gender-Based Sexual Violence in the Central African Republic³⁵ in November 2021 to coordinate its responses and commitments to address CRSV. These include the National Action Plan for the implementation of UN Security Council resolutions 1325, 1468, 1674, 1820 for 2014-2016, and subsequently for 2019-2023 and the above-cited joint communiqué signed with the UN in 2019.

Implementation of strategies and plans and provision of services related to GBV is coordinated by the UN Population Fund (UNFPA)-led GBV Area of Responsibility (AoR) consisting of 12 agencies and eight

35 Decree No. 21.308 Establishing a Strategic Committee for the Fight against Conflict-Related Gender-Based Violence in the Central African Republic [Décret N° 21.308 portant mise en place d'un comité stratégique dans le cadre de la lutte contre les violences basées sur le genre liées aux conflits en République Centrafricaine]. On file with ASP.

INGOs.³⁶ Services, including specialised medical care and MHPSS for victims/survivors, are mainly provided by international and national NGOs. Some are focused on providing health responses³⁷ and others on providing specific services to victims of GBV including CRSV, including through the NENGO project.³⁸ Issues relating to children are addressed by the Child Protection (CP) AoR – also called the Child Protection Sub Cluster – which is led by UNICEF and works through four coordinating groups across the country led by UNICEF with NGO co-leads.³⁹

At the domestic level, CAR’s 2010 Penal Code is 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 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).⁴⁰

Key to implementing this legal framework is the Action Plan of the National Strategy to Combat GBV, 2019 which is the implementation plan for the National Strategy to fight GBV, child marriage and female genital mutilation in CAR (2019-2023) and specifically responds to the need to address boy victims of GBV.⁴¹

Coordinated by the Child Protection Sub-Cluster, responses to GBV against children are delivered by national bodies and INGOs, often in close collaboration with complementary service delivery. Since

36 GBV AoR includes 12 organisations including UNFPA, UN High Commissioner for Refugees (UNHCR), UNICEF and the MPFFPE, and eight GBV case management organisations which have signed the GBVIMS Information Sharing Protocol. Source: GBVIMS 2021 Annual Report (Système de Gestion de l’information sur les violences basées sur le genre (GBVIMS) en République Centrafricaine), on file with ASP.

37 Among them International Medical Corps, Médecins Sans Frontières, Médecins du Monde, the Alliance for International Medical Action, Mercy Corps, and Médecins d’Afrique.

38 The Nengo project was set up in November 2020 by international NGOs, the Pierre Fabre Foundation, Panzi Foundation (Democratic Republic of Congo), Dr. Denis Mukwege Foundation and Francophone Institute for Justice and Democracy, with the aim of establishing a care centre for victims of GBV in Bangui.

39 The four coordination groups at sub-national level are in Bambari (co-lead by Jesuit Refugee Service (JRS)), Bossangoa (co-lead SOS Village), Kaga Bandoro (co-lead INTERSOS) and Bouar. Through this approach, the CP AoR aims to strengthen prevention, response and the protective environment for girls and boys affected by armed conflict in CAR, and to provide an integrated response to ensure a more holistic approach to child protection and the different needs of children.

40 It has been noted that the definition of crimes against humanity in CAR’s Penal Code does not cover persecution based on 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, Means of proof. Sexual and Gender-Based Violence, 2017, https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/05/report/means-of-proof-sexual-and-gender-based-violence-crimes/0_MOP_SGBV-EN_FINAL_02-1.pdf

41 Ministère de la Promotion de la Femme, Famille et de la Protection de l’enfant (MFFPE), National Strategy to Combat Gender-based Violence, Harmful Practices and Child Marriage in the Central African Republic (Stratégie nationale de lutte contre les violences basées sur le genre, les pratiques néfastes et le mariage d’enfant en République Centrafricaine 2019-2023), p.15. On file with ASP.

February 2021, child protection services in CAR are delivered through a standardised interagency child protection case management mechanism and procedure endorsed by the MPFFPE, which seeks to ensure that each child receives support corresponding to their specific situation and needs.⁴²

4.1.2 National level responses for the reintegration of former CAAFAG

At the national level, the MPFFPE has led the establishment of both the 2016 National Strategy for the Community-Based Reintegration of Children Formerly Associated with Armed Forces and Groups⁴³ and the National strategy to combat gender-based violence, harmful practices and child marriage⁴⁴. It oversees their implementation, and as such, coordinates closely with the CP Sub-Cluster all actions related to CAAFAG reintegration and supporting child survivors of GBV.

In addition, the Child Protection Advisory Minister at the Presidency of the Republic, focal point on child protection in the National Disarmament, Demobilisation, Reintegration and Repatriation Programme Execution Unit (*Unité d'exécution du programme national de désarmement, démobilisation, réinsertion et rapatriement, UEPNDDR*), is also the Strategic Focal Point on sexual violence (*Point Focal Stratégique Violences sexuelles*). The Advisory Minister is meant to play a coordinating role in securing the release and reintegration of children and has also had a leading role in establishing the Terms of Reference of the Strategic Committee for the Fight against Conflict-Related Gender-Based Sexual Violence in the Central African Republic.⁴⁵ The lead UN actors involved in the release and reintegration of children are MINUSCA and UNICEF. The former is mandated to support the national authorities to implement DDR processes and to pay “specific attention to the needs of CAAFAG during such processes.”⁴⁶ The latter is mandated to implement the CRC and its optional Protocols, and more specifically is responsible for coordinating efforts to strengthen the protection and the provision of integrated responses to girls and boys affected by armed conflict in CAR, and to lead the CP AoR accordingly.⁴⁷

42 Central African Republic and CAR Child Protection Sub Cluster, Management of child protection cases. Inter-agency Standard Operating Procedures (Gestion des cas de protection de l'enfant. Document inter-agence des procédures opérationnelles standardisées), 2021.

43 Government of the Central African Republic, National Strategy for the Community-based Reintegration of Children formerly Associated with Armed Forces and Armed Groups in the Central African Republic (CAR) [Stratégie Nationale pour la Réinsertion à Base communautaire des Enfants ex-Associés aux Forces et Groupes Armés en République Centrafricaine (RCA)], 2016.

44 MPFFPE, National Strategy to Combat Gender-based Violence, Harmful Practices and Child Marriage in the Central African Republic. On file with ASP.

45 Decree No. 21.308 Establishing a Strategic Committee for the Fight against Conflict-Related Gender-Based Violence in the Central African Republic [Décret N° 21.308 portant mise en place d'un comité stratégique dans le cadre de la lutte contre les violences basées sur le genre liées aux conflits en République centrafricaine]. On file with ASP.

46 See United Nations, MINUSCA Mandate as renewed under UN Security Council Resolution 2605 (2021), 21 November 2021. Available at: <https://minusca.unmissions.org/en/mandate>

47 The CP AoR consists of a national-level group and four coordination groups at sub-national level: Bambari, Bossangoa, Kaga Bandoro and Bouar. At the national level, the Child Protection Area of Responsibility (CP AoR - also called the Child Protection Sub Cluster) is currently led by UNICEF. There are four coordination groups at sub-national level: Bambari (co-lead JRS), Bossangoa (co-lead SOS Village), Kaga Bandoro (co-lead INTERSOS) and Bouar. Participants include representatives of national and local authorities, UN agencies, and child protection I/NGOs.

At the field level, the organisations involved in child reintegration support are international and national child protection NGOs. Following an integrated child protection approach, they address all forms of violence against children, including GBV and child recruitment. Based on the national case management procedure endorsed by the MPFFPE⁴⁸, case managers from these NGOs individually assess the situation and the needs of each child before establishing an individual response plan with them (eventually in collaboration with the family). This plan includes reintegration support as well as any service related to GBV, sexual violence, or any other form of violence or vulnerability. Thus, when former CAAFAG, of any gender, are released and referred to child protection NGOs, their needs related to sexual violence are supposed to be identified during the assessment procedure. The latter involves several meetings, and an individual plan is developed with the child to address his or her own needs.

The Child Protection Code adopted by the National Assembly on 27 February 2020 explicitly includes the protection of all children against sexual harassment and all forms of exploitation and violence.⁴⁹ Articles 76 and 77 outline the responsibility of the State for the identification and demobilisation of girls and boys associated with armed forces and groups, and security forces; their physical and psychological rehabilitation, family reunification and reintegration into their communities; and guarantee the necessary protection, education and care for children affected by armed conflict.⁵⁰ In addition, the National Strategy for the Community-Based Reintegration of Children Formerly Associated with Armed Forces and Groups⁵¹ which was developed after the 2015 Bangui Forum⁵², aims to facilitate initiatives to demobilise and reintegrate child soldiers, in cooperation with UN agencies, other ministries, and armed groups. It includes the provision of temporary care to children separated from armed groups and the establishment throughout the country of Child Protection Community Networks, commonly referred to as RECOPE (*Réseaux communautaires de protection de l'enfant*).

Programmatic responses

Two broad approaches frame the delivery of programmatic responses to children affected by armed conflict in CAR. In addition, many child protection organisations work through RECOPE to identify,

48 République centrafricaine and CAR Child Protection Sub Cluster, Management of child protection cases. Inter-agency Standard Operating Procedures (Gestion des cas de protection de l'enfant. Document inter-agence des procédures opérationnelles standardisées), 2021.

49 Chapter 1, Article 67, Section 4, Law on the Child Protection Code in the Central African Republic [Loi Portant Code de Protection de l'Enfant en République Centrafricaine]. 2020. Article 2 of Chapter 1, Section 1, states: "This code applies to any child from conception to the age of 18 living on the national territory without distinction based on nationality, sex, race, colour, language, ethnicity, religion, political or other opinion of their parents or legal representatives, their origin, social situation, incapacity, birth or any other situation". On file with ASP.

50 Articles 76 and 77, Law on the Child Protection Code in the Central African Republic (Loi Portant Code de Protection de l'Enfant en République Centrafricaine), 2020.

51 Government of the Central African Republic. National Strategy for Community-Based Reintegration of Children Formerly Associated with Armed Forces and Armed Groups (Stratégie Nationale pour la Réinsertion à Base Communautaire des Enfants ex-Associés aux Forces et Groupes Armés en République Centrafricaine, Bangui), January 2016. On file with ASP.

52 Republican Pact for Peace, National Reconciliation and Reconstruction in the Central African Republic, May 2015.

support and/or refer children with protection needs and to carry out sensitisation and awareness-raising activities.

There are a few different routes through which children are demobilised from armed groups and forces in CAR. The official route involves identification of children by focal points within armed forces and armed groups and the submission of a list of these children to the UN's MINUSCA. The stages in the procedure involve a verification process which ascertains that the child has been associated with an armed force or armed group, followed by an initial assessment to identify immediate medical and interim care needs. While this stage provides potential opportunities for victims/survivors of CRSV to be identified and/or to disclose their experiences, those involved in these processes recognise that they are potentially not designed for or are inappropriate for this disclosure. Once verified and certified as CAAFAG, children are meant to undergo a medical examination. While medical responses are variable, in certain cases this would involve a medical assessment and appropriate care, provision of a medical-legal certificate to victims/survivors of CRSV, mental health assessment and care, and a security assessment in cases where there may be a risk of recurrence of CRSV and/or reprisal for disclosure.⁵³

In addition to these services, legal support is available to victims/survivors of CRSV through a variety of different routes. 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*) was established by ministerial decree in 2015, became operational in mid-2017 and has received extensive support from UN entities.⁵⁴ In what represents a first step towards providing an integrated response to sexual violence, the UMIRR is tasked with investigating and prosecuting crimes of sexual violence and providing support to victims. A sexual violence referral system has also been developed, although in view of the limited services available to survivors of sexual violence it is likewise unclear how comprehensive this is and whether it includes referral pathways for boy survivors.⁵⁵ NGOs such as the *Association des Femmes Juristes de Centrafrique (AFJC)* provide legal assistance to child victims of sexual violence which could include provision of legal information, support in writing a complaint and legal representation in court.

Not all children who leave armed forces and groups do so through an official process. Children who escape, are abandoned by, or allowed to leave the armed group may choose not to seek assistance out of fear or shame or may simply not know of the existence of services available to them or how to access them. Some of these children return to their homes directly while others might choose not to, might not

53 Such services are provided either by public health facilities (such as local clinic or hospital) or specialised health NGOs, such as Médecins Sans Frontières (MSF) and Alliance for International Medical Action (ALIMA).

54 Decree No. 15.007, portant Création d'une Unité Mixte d'Intervention Rapide et de Répression des Violences Sexuelles, 2015, *Violences Sexuelles* mentioning the date and place and is therefore impossible to extract from these *Faites aux Femmes et aux Enfants*, 8 January 2015.

55 United Nations, Report of the Secretary-General on the Central African Republic, October 2017, S/2017/865, para. 35. Available at: <https://un-docs.org/S/2017/865>

have the means to, or might feel that they will not be welcome back home. In some cases, these children could be identified by practitioners in the community (for example in child-friendly spaces or youth clubs) who might orient them to an NGO which runs a programme for CAAFAG or in very rare cases they might present themselves to such an NGO. If they are verified and certified as CAAFAG, they are eligible for services provided through CAAFAG programmes. If they are not ‘verified and certified’ but have evident child protection needs, child protection NGOs may be able to provide services as they would to unaccompanied children or any other vulnerable child (whether or not they have had association with an armed force or group). Once again, the various real and perceived barriers to accessing services for boys who have experienced sexual violence apply.

4.2 Strengths and weaknesses of GBV/reintegration responses in addressing CRSV against former CAAFAG

National approaches adopted to respond to CRSV against children formerly associated with armed forces and armed groups in CAR broadly fall in line with national strategies. Responses are led by national bodies and coordinated by the CP and GBV sub-clusters and their respective lead agencies. While few NGOs can provide the full range of services needed, national and international NGOs collaborate with and complement each other through partnerships, effective coordination and agreed referral systems.⁵⁶ GBV service providers describe the programming as being survivor-centred, holistic and multi-sectoral as well as community-based.⁵⁷

The CAR GBV Information Management System (GBVIMS) lays down six main priorities for service delivery to implement a **survivor-centred approach**⁵⁸, which involves providing livelihood support services; safety and security services; legal assistance services; psychosocial support services; medical/health services; and safe accommodation services in the form of shelters or relocation to foster families.

A key strength of the response is awareness among programmatic actors of the guiding principles for interaction with child survivors of sexual violence. In practice, this means ensuring confidentiality, security, respect, and non-discrimination in responses.⁵⁹ Since the service providers have limited capacity to

56 Depending on their experience and capacity, local NGOs either work in partnership with international NGOs, ensuring for example the identification of children in the communities, and/or facilitation of child-friendly spaces or youth clubs, while others, more experienced, implement the entirety of the programmes in some areas.

57 Interview with head of GBV AoR, Bangui, 24 May 2022.

58 Interview with head of GBV AoR, Bangui, 24 May 2022.

59 These principles are gathered in the Interagency Gender-Based Violence Case Management guidelines, 2017, elaborated by the Gender-based Violence Information Management System (GBVIMS) Steering Committee. See <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>

offer comprehensive services to child survivors of sexual violence, the system relies upon high levels of coordination and cooperation among providers. The willingness of NGOs to coordinate responses and referral systems is another distinct advantage in CAR. Finally, despite facing huge challenges, including the stress of living in a situation of conflict and insecurity, service providers give the impression of caring deeply about the situation of children and being open and willing to engage in discussions on how responses can be strengthened including by additional training.⁶⁰

Despite some progress, the reality is that responding to the needs of child survivors of sexual violence is beset with huge challenges given the substantial stigmatisation and sensitivities associated with CRSV. Disclosure of sexual violence has been shown to trigger stigmatisation by the community. “This brings shame not only on a personal level but also on a family level. It’s more than shame, humiliation, it’s like he does not exist anymore, as if he is dead”.⁶¹

The lack of long-term, secure funding and the resultant short-term nature of programming is particularly problematic for child victims/survivors of sexual violence. Disclosure often takes place long after the event due to sensitivities surrounding the issue and the need for the child and the family to develop trust with the case manager.⁶² Secondly, responses by child victims/survivors vary depending on their individual circumstances and some need ongoing medium- to long-term follow-up support. Programmes that are underfunded or do not have reliable or long-term funding risk not being able to provide consistent, ongoing care and may experience a high turnover of staff. A frequently changing team not only impacts the development of a trusting relationship between the child and caregiver but also works against building institutional knowledge and experience of working with children on this highly sensitive topic.

While child protection NGOs have established referral systems with health providers who provide medical support and follow-up services to released children and others who need care, funding constraints are increasingly making the delivery of services difficult and inconsistent.⁶³ Children and their families often lack awareness of what free services are available to them and who could help

60 During the research, in FGDs, interviews with key informants, and meetings with child protection NGOs in Bangui, child protection actors have insisted on the need to apply the principles of action and to collaborate, showing a strong interest in addressing the issue and acknowledging that they have not done enough so far. They also insisted on the importance of this research, as a first step on which there is a need for consistent follow-up.

61 Respondent from a survivors’ association during scoping mission in Bangui, 15 March 2022.

62 According to child protection actors, FGDs in Zemio and Bria, 21 and 28 June 2022.

63 As stated in the 2021 GBVIMS CAR report, “Critical care for rape survivors within 72 hours of the rape incident remains a major concern. Only 34% of rape cases received psychosocial support and medical care within this time frame. [...] [T]he inadequacy and unavailability of services, socio-cultural constraints, shame, fear of reprisals, stigmatisation of survivors by society, medical costs and remote distance of services are barriers that discourage survivors from seeking services. Sometimes, we end up with a single actor working in a locality; while other localities lack all services.” Gender-Based Violence Sub-Cluster Central African Republic. Gender-Based Violence Information Management System (GBVIMS) in the Central African Republic. 2021 Annual Report [Sous Cluster Violences Basées sur le Genre République Centrafricaine. Système de Gestion de l’Information sur les Violences Basées sur le Genre (GBVIMS) en République Centrafricaine. Rapport annuel de 2021], 2022, p.8 (translated by the authors).

them and therefore perceived costs and lack of awareness prevent child victims or their families from seeking access to services.⁶⁴

The uneven quality of medical service provision, which stems from poorly trained staff and in some cases medical facilities lacking appropriate equipment, means that health responses in relation to

Children and their families often lack awareness of what free services are available to them and who could help them (and therefore perceived costs and lack of awareness prevent child victims or their families from seeking access to services).

sexual violence remain limited.⁶⁵ While organisations like the International Rescue Committee (IRC) are strengthening medical service provision by training medical staff of the hospitals they work with and providing them with appropriate items, the needs are far greater. This is particularly acute in relation to psychological support for child survivors of sexual violence and their families or caregivers since not only is there a shortage of trained and experienced staff, but the existing staff lack training, supervision and support.⁶⁶

Changing conflict dynamics in CAR have generated a high level of insecurity linked to criminality throughout the country.⁶⁷ This widespread insecurity makes it difficult for child protection and humanitarian actors to have regular access to all areas and for children and their families to access care and support when required and timely.

In the specific case of CAAFAG, most child protection organisations recognise that mediation and support to strengthen a child's re-entry into the family and community is an important aspect of reintegration programming. However, no support is systematically envisaged for parents to enable them to play an integrating role for the children.⁶⁸ Some NGOs, like IRC, consider that "they have to support the parents for the parents to be able to support their children" and after seeking the agreement of the child, systematically include their parents in the child's reintegration plan.⁶⁹ Other organisations involved in CAAFAG reintegration support do not always follow this path.

64 FGDs, Zemio, 21, 22 and 23 June 2022; and in Bria, 28, 29 and 30 June 2022.

65 Interview with child protection NGO, Bangui, 24 May 2022.

66 Interview with head of GBV AoR, Bangui, 24 May 2022.

67 B Shepherd and G.-F Ankogui-M'Poko, Paix et sécurité en République centrafricaine: Points de vue des communautés de Bossangoa et des zones frontalières de l'Ouest [Research report]. Conciliation Resources, Centre pour le dialogue humanitaire, 2020, p.4.

68 UNICEF République Centrafricaine, Évaluation formative du Programme de « Prévention du recrutement et Réintégration socio-économique des Enfants Associés aux Forces et Groupes Armés (EAFGA) en République Centrafricaine (RCA) (2014-2021), p.77-104. On file with ASP.

69 Interview with IRC, Bangui, 24 May 2022.

The deteriorated security situation has a huge impact on the government's ability to rule, govern and administer justice.⁷⁰ The national justice system which works through three Courts of Appeal, based in Bambari, Bangui and Bouar, faces enormous challenges in trying alleged crimes in the conflict. The SCC was therefore created in 2015, to investigate and prosecute "grave violations of human rights and international humanitarian law committed on the territory of the Central African Republic since January 1st, 2003, [...] notably the crimes of genocide, crimes against humanity and war crimes."⁷¹ In addition, the ICC has two investigations ongoing in CAR, one focused on alleged war crimes and crimes against humanity committed in the context of conflict in CAR since 1 July 2002, and a second focused on crimes since 1 August 2012. The 2012 conflict reportedly involved alleged crimes both by Muslim Séléka and Christian anti-balaka groups; the violence led to thousands of deaths and left hundreds of thousands displaced.⁷² In addition to these criminal justice institutions, the TJRRC was created to investigate and establish the truth about serious national events from 1959 until December 31, 2019, in order to seek justice and restore the dignity of victims and thereby achieve national reconciliation.⁷³

Against this backdrop, and despite the availability of some legal support, the criminal justice system does not work effectively for most victims/survivors, with a large number resorting to traditional justice to find a measure of relief, redress and quick solutions instead of accessing the formal legal system.⁷⁴ While there is no mandatory reporting in the domestic justice system for cases involving children who have experienced sexual violence in CAR, most respondents in Bangui said that they inform victims' parents and/or refer them to legal clinics or to the police/gendarmerie where they can receive information about the possibility of pursuing the case, but the decision to proceed is left to the victims/survivors and their families.⁷⁵ In some locations, as was the case in Zemio, there are no police/gendarmerie, lawyers or functioning courts and in practice there is no possibility of pursuing a case through the legal system.⁷⁶ In Bria, the research showed that although pursuing a legal case might be possible, and some service providers said they might discuss this with a victim of CRSV, most did not. When they did it was rare that a victim or their family would proceed to seek justice through the legal system.⁷⁷

70 International Center for Transitional Justice (ICTJ) and Cordaid, *'A Drop of Water on a Hot Stone' Justice for Victims in the Central African Republic*, March 2021.

71 Article 3, Law 15/003 of June 3, 2015, Establishing the Organization and Functioning of the Special Criminal Court. See, ICTJ, *'A Drop of Water on a Hot Stone'*, 2021.

72 International Criminal Court (ICC), *'Situation in the Central African Republic II'*, ICC 01/14.

73 See Law 20.009 of 7 April 2020, Establishing the Truth, Justice, Reparation and Reconciliation Commission (TJRRC) [Loi 20.009 du 7 avril 2020 portant création, organisation et fonctionnement de la commission vérité, justice, réparation et réconciliation (CVJRR)].

74 FGD Day #1, Zemio, 21 June 2022.

75 Key informants, Bangui, 16 to 27 May 2022.

76 FGD Day #1, Zemio, 21 June 2022.

77 FGD Day #1, Bria, 28 June 2022.

Risks of stigmatisation, fear of reprisals, lack of protection, financial costs linked with pursuing the criminal justice option, the length of time that cases take to reach a judgment and a dearth of trust in the justice system were cited as common reasons why the justice option was not pursued. Respondents and survivors' associations also raised the fact that some perpetrators are protected, making prosecution impossible.⁷⁸

The immediacy of accessing essential, lifesaving healthcare, coupled with limited availability of and access to 'one stop centres' for medico-legal evidence collection, inevitably and appropriately results in victims/survivors seeking healthcare. Some service providers appeared so sure that the child or their family would not seek justice that they may not have discussed the option with them, and it was not their highest priority: "Pursuing justice requires a lot of time and follow-up. That is why with violence the priority is to first save lives." "Reparation should be taken into account ... the question is not forgotten, but often people do not have the means."⁷⁹

78 Respondent, 19 May 2022.

79 Partial Restitution with Key NGOs, Bangui, 7 July 2022.

5.

Addressing CRSV against boy CAAFAG

Sexual violence is always under-reported. CRSV against boys in CAR is not well documented in general, and in the context of association with armed forces and armed groups, hardly at all. Nevertheless, all research participants said that CRSV against boys is a widespread, although largely hidden, problem.

There was a strong consensus among research participants that CRSV against boys requires much greater attention than it currently receives. Despite the sensitivities surrounding the topic and lack of qualitative data, participants were willing to engage in detailed, productive discussions including about how to overcome barriers to reporting and disclosure by boys and how better to integrate them into existing responses. They were similarly open to addressing what additional, gender-specific measures, resources and expertise would be needed to guarantee appropriate responses for boy victim/survivors (for example, by providing adequate reintegration kits for boys, raising awareness of CRSV against boys, or ensuring boys have the choice of discussing their experiences with a man or a woman, as discussed in greater detail in sections 5.1, 5.2, 5.3 and 6), while ensuring that better inclusion of boys does not impact negatively on responses for girls, for example, by shifting funding and attention away from responses for girls towards responses for boys). Participants recognised that there had been important improvements to responses for girl victims of CRSV and GBV in CAR, although more needed to be done, and they wanted boy victims to be able to access the same level of care as girls.

Although there was broad consensus that CRSV against boys is not sufficiently factored into any of the current responses (medical, psychosocial, legal, socioeconomic, etc.), participants noted that beginning to explore the issue through research for this report had contributed to focusing their minds on how they could ensure more gender-inclusive responses. Research participants particularly stressed the need for further, open discussion on the topic, to help lift taboos and encourage boy victims/survivors to come forward to seek support.

5.1 Gaps in information and analysis on patterns and causes of CRSV against boy CAAFAG

Data on CRSV is collected through the UN Security Council-mandated Monitoring Analysis and Reporting Arrangements (MARA) and the Monitoring and Reporting Mechanisms (MRM), and their report on UN-verified cases. Data on GBV is collected from the GBVIMS for which the sources are service providers. Data from the MARA and the GBVIMS are presented separately in the annual UN Secretary-General reports on CRSV, with the MRM data presented in the Secretary-General report on CAAC. In general, data on GBV or sexual violence against boys are neither consistent nor accurate. A brief comparison of various sources shows low and inconsistent numbers, although it is widely agreed that reported cases are just ‘the tip of the iceberg’.⁸⁰ In the Secretary-General’s reports on CRSV between 2018 and 2022, very few cases against boys and men were mentioned: 13 men and two boys in 2017⁸¹, one boy in 2018⁸² and none in 2021 (2022 report).⁸³

Cases of GBV against men and boys are also captured by the GBVIMS, a UNFPA-led mechanism which gathers and collates information on GBV from participating humanitarian organisations. It is unclear from publicly available information how many GBVIMS-recorded cases constitute sexual violence or CRSV cases as opposed to other forms of GBV. In 2021, the CAR GBVIMS reported 1,964 cases of GBV against children⁸⁴, which constituted 17% of the total number of reported cases of GBV.⁸⁵ Among these were 153 cases of boys of whom 82 were under 12 years old and 71 were over 12.

Incidents from previous years involving boys have also been documented by other sources. For example, the UN Office of the High Commissioner for Human Rights (OHCHR)’s Mapping Report, which compiled data from multiple sources on serious violations of international human rights and humanitarian law committed in CAR between January 2003 and December 2015, includes information on incidents of sexual violence against men or boys in 2003, 2009, 2011 and 2015.⁸⁶

Disaggregated figures of GBV against girls and boys in UNICEF’s 2021 Annual Report provide a useful insight into the gendered nature of violence suffered by boys: In 2021, 2,368 children, of whom 1,011

80 Respondent from a national NGO, Bangui, 15 March 2022.

81 United Nations, Report of the Secretary-General on Conflict-related Sexual Violence, April 2018, S/2018/250, para. 27. Available at: <https://undocs.org/S/2018/250>.

82 United Nations, Report of the Secretary-General on Conflict-related Sexual Violence, March 2019, S/2019/280, para. 36. Available at: <https://undocs.org/S/2019/280>.

83 United Nations, Reports of the Secretary-General on Conflict-related Sexual Violence, March 2021, S/2021/312. Available at: <https://undocs.org/S/2021/312> and March 2022, S/2022/272. Available at: <https://undocs.org/S/2022/272>.

84 Gender-Based Violence Sub-Cluster Central African Republic. Gender-Based Violence Information Management System (GBVIMS) in the Central African Republic, 2021 Annual Report [Sous Cluster Violences Basées sur le Genre République Centrafricaine. Système de Gestion de l’Information sur les Violences Basées sur le Genre en République Centrafricaine, Rapport annuel de 2021], 2022.

85 11,592 cases of GBV were reported in 2021. Among them, cases of sexual violence form 25%.

86 United Nations – MINUSCA, UNDP, OHCHR, and OSRSG SVC, Report 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, May 2017. Available at: https://www.ohchr.org/sites/default/files/Documents/Countries/CF/Mapping2003-2015/2017CAR_Mapping_Report_EN.pdf

were boys, accessed GBV risk mitigation, prevention and response interventions.⁸⁷ Among them, “171 children (133 girls and 38 boys) victims of GBV [...] received primarily medical support and psychosocial care”.⁸⁸ For the first six months of 2022, the Child Protection Sub-Cluster reported 671 cases of children having received GBV services, among them 75 boys.⁸⁹

5.1.1 Reasons for lack of reporting by boys

The most common explanation shared by the research participants of why experiences of sexual violence against boys in CAR are not shared or discussed openly was the cultural shame and stigma attached to abuse. As a research participant put it: “It is a very, very, very, very, very delicate subject”.⁹⁰

Sexuality and power dynamics between males and females in CAR are complex and often inter-linked. Perceptions of sexual abuse varied according to whether it was boys or girls who were being abused. Some views expressed were extremely problematic, reinforcing gender stereotypes. Notions of hypermasculinity and power dynamics were pervasive among research participants’ understandings of the topic. For example, a view frequently expressed by research participants was that sexual abuse against boys is more shameful for them than it is for girl victims/survivors. Statements such as “Women are made for that, but not men” and other similar views suggest that accepted sexual standards include that sex between a man and a woman is “normal” but not between men or boys, that women’s consent was less important, and that abuse of women is so common it is almost considered normal in CAR society. Statements were also sometimes made (by service providers and community members alike) along the lines that “People are more likely to accept girls who are victims of sexual violence, but not boys”.⁹¹

Victim blaming

The views noted above have implications for how victims/survivors are perceived and treated. According to research participants, victims/survivors of CRSV are often considered as complicit in the act of CRSV and may also be perceived as aligned with the enemy, and therefore rejected, stigmatised and ostracised. A boy who has been subjected to an act of sexual violence by a man or another boy is likely to be considered as having lost his masculinity. He may be perceived to have “behave[d] like a girl,” or to have “become

87 UNICEF, Central African Republic Humanitarian Situation Report (for year 2021), Annex A: Summary of Programme Results, p.7. Available at: <https://www.unicef.org/media/115101/file/CAR-Humanitarian-SitRep-December-2021.pdf>

88 UNICEF, Central African Republic Humanitarian Situation Report (for year 2021). Available at: <https://www.unicef.org/media/115101/file/CAR-Humanitarian-SitRep-December-2021.pdf>, p.4.

89 Central African Republic, Child Protection Area of Responsibility, CENTRAFRIQUE Child Protection. Achievements and beneficiaries reached [République Centrafricaine, Domaine de Responsabilité Protection de l’Enfant, CENTRAFRIQUE Protection de l’enfant. Réalisations et bénéficiaires atteints (Janvier-Juin 2022)]. On file with ASP.

90 Respondent from an international NGO supporting victims of sexual violence, phase 1 of the research, Bangui, 15 March 2022.

91 Respondent from local NGO, Bangui, 20 May 2022.

a homosexual”. This is an interpretation that can lead to victims/survivors being blamed, marginalised, mocked, humiliated, punished, or banished by communities or their families. Research participants consistently voiced the opinion that the boy victims/survivors (and sometimes their family members) would feel ashamed and/or blamed. According to one respondent, “the position of boy victims of sexual violence in the community will no longer be the same. They are accused of having sought this act”.⁹²

There was also the suggestion that the religion of the victim/survivor may influence how they are treated and that armed groups may play on this fact to humiliate opponents belonging to a different religion than them.⁹³

While much of the discussions in FGDs and with respondents focused on how survivors/victims would be perceived, less attention was paid to the question of accountability for perpetrators which was rarely raised in the discussions.

Gender stereotyping and stigma

In CAR, traditional perceptions of masculinity deter men and boys from expressing their feelings. “Men are deemed to be strong, so they keep silent about what they are going through. That’s what boys are taught (not to cry, to be brave, strong)”. “Boys are raised to be strong, not complain or cry, and withstanding discomfort and pain is evidence of their manhood”.⁹⁴ In contrast, within the family, girls are perceived as weak, with their role defined as to serve and obey the men in the household. “At home, the husband is the chief and he is always right,”⁹⁵ and “The character of a man is to command women”⁹⁶, implying that a women’s consent for sexual intercourse is not required.

Consequently, being a victim of violence, especially sexual violence, is perceived as a weakness for boys. Some research participants also expressed the view that “sexual violence is [even] worse than [physical] violence”.⁹⁷ Respondents from survivors’ associations spoke about suicide attempts by boys who had been victims of sexual violence. As discussed above, some service providers embrace these opinions. For example, respondents from the health sector expressed the view that cases of boys being abused by women are even more shameful for the victim given the societal power hierarchy between men and women and perceptions of the relative strength and weakness of men and boys and women and girls.

Social attitudes towards same-sex conduct and the fear of being perceived as gay can compound

92 Respondent from a child protection NGO, Bangui, 19 May 2022.

93 Respondent from local NGO, Bangui, 20 May 2022.

94 Respondents from international NGO, Bangui, 17 May 2022.

95 Respondent from local NGO, Bangui, 19 May 2022.

96 Respondent from local NGO, Bangui, 24 May 2022.

97 Respondent from local NGO, Bangui, 19 May 2022.

stigma and shame, constituting an additional barrier to reporting sexual violence. Even if consensual same-sex conduct is not legally prohibited in CAR, it is widely considered as “abnormal” and “wrong”. Faced with such attitudes, boy survivors may choose silence over the risk of rejection by their families and communities.

The stigma associated with sexual violence extends beyond the victim to their whole family if the family is aware of the abuse. Research participants mentioned that many victims do not share their experience with their family due to the shame and fear of rejection this might bring, or that a family may not discuss the abuse of a relative outside the family for fear of the wider community’s reaction. “Stigmatisation breaks any momentum of speech. It can prevent a victim from recovering their true nature, because people will continue to identify them through this lens.”⁹⁸ Another commented: “Even when boys and girls are raped – but you won’t hear of the boys – in the family it’s a secret”.⁹⁹

As a result of this silence, many victims may not seek or receive help. This can have a lasting physical, psychological and social impact on the victim, as well as their family if they are aware of the abuse. This may impact proportionally more boys than girls who are victims in contexts where openly discussing sexual violence against girls and women is more accepted than it is for boys, and where there is an awareness of treatment and response services for girls but not for boys (although general response services need to be strengthened for all victims/survivors). In some cases, individuals and their families have had to relocate or have broken up due to the stigma of sexual violence. “It takes a lot of courage for a male to disclose their situation” was a frequent remark in relation to men and boys.¹⁰⁰ A respondent spoke about a training that she facilitated in Bangui to which a man brought his 12-year-old son, but they didn’t identify themselves and left without further support.¹⁰¹

Boys are sometimes encouraged by their parents to forget about the sexual violence they have experienced not only because of the risk of stigma, but because of a belief that if children understand what has happened to them they might become traumatised.¹⁰² In fact, sexual violence against boys is so invisible and hidden that some people in the community may not know or believe that it exists.¹⁰³ The resulting lack of understanding of the scale and nature of sexual violence against boys in CAR ensures that protection strategies for boys are neither developed nor built into the design and implementation of responses for survivors.

Shame and stigma aside, boy victims and their families fear reprisals not just from the wider community

98 Respondent from international NGO, online conversation, 26 May 2022.

99 Respondent from survivors’ association, Bangui, 15 March 2022.

100 Respondent from survivors’ association, Bangui, 26 May 2022.

101 Respondent from survivors’ association, Bangui, 15 March 2022.

102 Respondent from survivors’ association, Bangui, 17 March 2022.

103 Respondent from local NGO, Bangui, 18 May 2022.

but also from the perpetrators of the sexual violence, irrespective of whether the perpetrator is a member of an armed group. Fears are increased if the perpetrator belongs to their community and occupies a position of power. Fear that confidentiality is not guaranteed is a key factor that prevents reporting both within the justice and the health systems.¹⁰⁴

Concerns with data collection and coordination

CRSV against children in CAR is included in at least two areas of humanitarian and government intervention – child protection and GBV, and policies, programmes and services towards child victims of CRSV are coordinated through GBV and CP AoRs.

Additionally, cases and services related to sexual violence against children are documented by at least four bodies: GBVIMS (currently led by UNFPA), CP data collection system (currently handled by UNICEF), the MRM on grave violations committed against children in times of armed conflict, co-led by MINUSCA and UNICEF and the MARA led by MINUSCA.

According to respondents, data on services provided to children (including data regarding cases) are generally reported by NGOs to the CP AoR data collection system managed by UNICEF. But, because they are not collected for the same purposes, there is currently no correlation between this data and the data included in GBVIMS.¹⁰⁵ In addition, not all NGOs working in the field of GBV contribute to the GBVIMS.¹⁰⁶ Some child protection NGOs contribute to the GBVIMS but do not register GBV cases into the CP AoR data collection system. As a result, there is no broader set of data that would provide greater insight into vulnerabilities, and therefore inform better prevention and response to GBV and CRSV against boys and girls in CAR.

Further, data collected under the CP AoR data collection system focuses on services provided to children, and not on individual cases, and is not intended to document GBV that is conflict related. As a result, there is no information about how many former CAAFAG received support related to CRSV.

Despite the lack of empirical evidence, research participants believed that the scale of the problem is far greater than documented within a wider context of pervasive sexual violence. “Rape is general and prevalent in CAR and has only been exacerbated by the conflict.”¹⁰⁷ Another respondent commented after a presentation of the interim findings of this research: “... here the social norm is sexual violence. But that what follows from there, is that in CAR it is still something that is very normalised, that is to say sexual violence. [...] there are a lot of cases.”¹⁰⁸

104 FGD, Zemio, 23 June 2022.

105 Interview with UNICEF, Bangui, 18 May 2022.

106 Interview with Head of GBV AoR, Bangui, 24 May 2022.

107 Respondent from international organisation, Bangui, 14 March 2022.

108 Meeting with Espérance, INTERSOS, JRS, MINUSCA, MOSUKA, Plan International, Bangui, 7 July 2022.

Even though research participants could not specify cases of sexual violence against boys in the context of association with armed forces and armed groups, they believed that this was a concern. Almost all research participants explained sexual violence against boys in terms of gender norms within CAR society and that the latter's patriarchal nature determines sexual violence against all people. Children in CAR occupy a lower hierarchical and cultural position, are expected to defer to adults, do as they are ordered and are less likely to be believed than an adult. It is widely agreed that children may be more easily manipulated, threatened, bribed or coerced into sex than adults. "The smallest, the weakest, they take it."¹⁰⁹ The fact that some research participants expressed the view that sexual violence against boys was less serious than abuse of adult men underscored the lower status that children hold in CAR society.¹¹⁰

Rape is general and prevalent in CAR and has only been exacerbated by the conflict.

Research participants acknowledged that sexual violence was used by armed groups and armed forces to dominate and control their members and/or opposition forces. Boy recruits were abused by other adult members and/or were forced to commit or to witness sexual violence being committed against another adult or child member, member of their family or member of the community.¹¹¹ Sometimes the boys were under the influence of drugs or alcohol, which was believed to make them braver, stronger or more resistant to being harmed.¹¹² One FGD participant gave an example of what a boy might be forced to do:

"During the crisis we have endured, when members of armed groups descend on a locality and attack a concession where they find a family, with their weapons in hand, ready to shoot, very often it's as follows:

Question: Who are you?

Reply: I am Madame X

Question: And who is this?

Reply: It's my son.

109 Respondent from survivors' association, Bangui, 15 March 2022.

110 Respondent from civil society, Bangui, 16 May 2022.

111 FGDs, Zemio, 21, 22 and 23 June 2022; and in Bria on 28, 29 and 30 June 2022.

112 FGD, Zemio, 21 June 2022.

They order the boy to lie with his mother. “Lie with your mother otherwise I will shoot you” and then the mother is obliged to beg her son “My son, lie with me so as not to die and save your life”. The armed man, after having seen the sexual act take place, leaves the people of the family alive and leaves.”¹¹³

Research participants considered all cases of sexual violence against boys to be wrong, but they did not make specific distinctions as to whether the violence had been committed by a member of an armed group, thereby constituting an international crime, or a member of the community. While most participants generally agreed that boys who were forced to commit acts of sexual violence thereby themselves became victims of sexual violence, they did not think that members of the wider community would consider them as victims but instead would consider them as being responsible for their actions.¹¹⁴ Some research participants believed that sexual violence against boys was the result of a lack of supervision by parents or because they were unaccompanied. Others believed that the situation of conflict, displacement, and poverty contributed to the vulnerability of boys.¹¹⁵

Few details were forthcoming on the cases of sexual violence against boys that research participants were aware of. Little distinction was made between cases directly or indirectly connected to the conflict or entirely unconnected to it and none of the cases describing sexual violence against boys explicitly referred to children associated with armed forces or armed groups. Boys who were members of gangs or labelled as delinquents and who sexually abused members of the community were frequently conflated by research participants with boys who were or had been members of an armed group or force and who sexually abused members of the community. Frequently, research participants could not clearly identify if perpetrators of abuse of boys in fields, in the bush or on roads into or out of town, were associated with an armed group or not, and they did not appear to consider it particularly relevant.

When research participants mentioned violence perpetrated by armed groups or forces, it was either during attacks or arrests (e.g. at roadblocks). They included rape (sometimes repeated) and torture resulting in serious injuries or death.¹¹⁶ They also included cases of boys forced to witness or commit rape against other boys, or against family members and included references to the Lord’s Resistance Army (LRA) taking boys and forcing them at gunpoint to have sex with their sister.¹¹⁷

Lack of resources and appropriate services

All stakeholders, including the UN agencies, emphasised the scarcity of resources, and the need for more advocacy towards donors about the issue. At the local level, national NGOs and survivors’

113 FGD, Zemio, 21 June 2022.

114 FGDs, Zemio, 21, 22 and 23 June 2022; and in Bria on 28, 29 and 30 June 2022.

115 FGD, Zemio, 21 June 2022.

116 FGD, Zemio, 22 June 2022.

117 FGD, Zemio, 23 June 2022.

associations struggle to find resources. “We are tired. We see donors come, they go, there’s no follow-up.”¹¹⁸ One of the reasons why UMIRR is not enlarging its mandate to include boys is precisely due to a lack of funds.¹¹⁹ It is therefore critical that the resources for programming for all children are expanded and sustained.

One of the major challenges facing CAAFAG reintegration programmes is ensuring follow-up of children beyond the time span of funded projects and gaps in funding between projects. As a result, appropriate medium or longer-term follow-up of children is rarely possible. “It’s hard for an NGO to navigate when you can’t extend because of lack of resources. The only solution is when we can renew a project with the donor, and include former beneficiaries with whom we have not finished.”¹²⁰

As a consequence, the response is limited. “More people come forward because there’s been more sensitisation and advocacy. Someone who has been treated might take another victim along for treatment and with more sensitisation and training more come forward. But it won’t last because there aren’t the structures to respond. We are waiting for services – and we would like a real one-stop centre – it doesn’t exist. We are a little NGO in the water.”¹²¹

118 Respondent from survivors’ association, Bangui, 15 March 2022.

119 Conversation with UMIRR, Bangui, 16 March 2022.

120 Respondent from an international child protection NGO, Bangui, 20 May 2022.

121 Respondent from survivors’ association, Bangui, 16 March 2022.

Activities and services are designed for women and girls

According to some respondents, at the psychosocial and psychological level, there are very few quality service providers able to respond to cases of sexual violence. While most actors can provide initial listening or counselling (*“première écoute”*), appropriate follow-up over time, including more structured mental health assistance, is not guaranteed. Other informants emphasised that those providing psychosocial services lack the knowledge and expertise on responding to sexual violence against boys. Given the pervasive nature of sexual and gender-based violence against girls in CAR, and other humanitarian settings, it is appropriate that services are targeted to understand and respond to the needs of girls.

“Children who are labelled as CAAFAG get a package (reintegration kit, school/training, vaccination, etc.). But responders don’t go in depth – it’s a process. The depth is lacking. Often the response is just routine. [...] In the case of girls, responders may have an idea on how to provide support, but not to boys. They may give a kit but there’s a lack of understanding, which increases psychological pain for boys. There’s more awareness amongst girls who know that they can seek help.”¹²²

Within programming for CAFAAG, services to address sexual violence are mainly designed for girls, while other aspects of CAFAAG programming are more focused on boys. Many respondents highlighted the lack of specific services for boys who have experienced sexual violence and the fact that responses towards sexual violence seem to be designed for women and girls, for example dignity kits, awareness-raising posters, sensitisation campaigns, and staff training. An unintended consequence of this much needed focus on girls, combined with the lack of resources, is that access to sexual violence responses for boy CAFAAG is further reduced. “Apart from medical support, there is no response for boys and not all care centres receive boys.”¹²³

5.2 Consequences of lack of data and analysis on responses for boy victims/survivors

A lack of understanding of the issue concerning boys’ vulnerability to and experiences of sexual violence in the context of the conflict in CAR leads to an invisibility of the needs of boys in programme design and implementation. Survivors’ associations believe that this, along with the fact that programmes and services are already limited, contribute to a situation where many victims of sexual violence – especially boys – have no access to services.

122 Respondent from an international NGO working in child protection, Bangui, 15 March 2022.

123 Conversation with UMIRR, Bangui, 16 March 2022.

While noting that the needs of girls are still not met, research participants mentioned that efforts had been strengthened to provide response services for girls, while services for boys remained inadequate or non-existent.¹²⁴ Programmatic agencies expressed concern that they and others had been focused on the issue of sexual violence against girls and had failed to ensure that boys had the same access to care.¹²⁵ In some cases they felt there was a lack of understanding or knowledge of the issue, in others that they and other caregivers lacked the appropriate expertise for responding to the needs of boys, which in certain respects differed from girls' needs.¹²⁶ In other cases, they acknowledged that services overtly targeted girls through their advertising or awareness-raising. Posters advertising services used illustrations of girls, and media awareness-raising sessions addressed girls. Research participants admitted that they and others had not done enough to ensure that services were available to boys, and/or that boys felt able and secure to access them.¹²⁷

Even where services were available to boys, they were sometimes perceived as aimed at and suited to girls. Listening support facilities (*centres d'écoute*), sometimes located within youth clubs, were in some situations used almost exclusively by girls (who are disproportionately targeted by these crimes), which boys interpreted as meaning they were not welcome or the services they offered were designed for girls not boys. Child protection service providers explained that donors encouraged services for girls, and though few specifically excluded boys from their funding targets, they did not specifically encourage their funding to be used for boys.¹²⁸ While not explicitly stated in project conditions, some staff from child protection NGOs said they felt the donors wanted them to support girls and few had taken the initiative to support boys as well. Nevertheless, they recognised that boys could also be victims and that services for boys were woefully inadequate, and they appeared motivated to improve the situation for boys.

Research participants, particularly those from the community, also expressed the view that the gender of counsellors was a factor that might discourage boys from attending, or from sharing their concerns, including any related to sexual violence, with staff. Some of the FGD participants held a strong belief that girls would only feel comfortable speaking with women and that boys simply would not share

While noting that the needs of girls are still not met, research participants mentioned that efforts had been strengthened to provide response services for girls, while services for boys remained inadequate or non-existent.

124 Respondent from international NGO, Bangui, 15 March 2022.

125 FGDs, Zemio, 21 June 2022 and Bria, 28 June 2022.

126 FGDs, Zemio, 21 June 2022 and Bria, 28 June 2022.

127 FGDs, Zemio, 21 June 2022 and Bria, 28 June 2022.

128 FGD, Bria, 28 June 2022.

private intimate details with a woman. Men from the community (for example a man from a foster family¹²⁹) particularly felt that boys would more easily speak with a man. One commented, “in our culture we think women won’t keep a secret.”¹³⁰ Another man commented that if he shared his story with a woman the woman would think him weak, a comment with which the women in the FGD agreed.¹³¹ In some areas within CAR, men and women did not mix for cultural and/or religious reasons, and that was cited as a reason why boys should speak with men and girls with women. Psychosocial workers did not all agree, some citing their experience that boys did speak with women. NGO participants said they employed both men and women. Generally, it was agreed amongst the FGD participants, whether from NGOs or from the community, that the child concerned should be given a choice of whether they preferred to speak to a man or a woman.

There was broad recognition among research participants that the needs of boys who may be victims of CRSV are not well understood. While some of these needs may be similar for boys and girls, some issues are gender specific. Medical practitioners may be more alert to the possibility that girls may have experienced CRSV but are rarely alert to the possibility that boys may have been. They may not have expertise in identifying or responding to CRSV amongst boys. Boys may feel unable to discuss sexual violence with a female medical or psychosocial worker as discussed above. Reintegration and/or dignity kits for survivors of sexual violence are generally designed for girls, containing girls’ clothing and sanitary products, and so are inappropriate for boys.

5.3 Breaking the silence around boys

Research participants consistently stressed the need to raise awareness of the issue of sexual violence against boys and promote more open discussion to reflect on, challenge and counteract prevailing attitudes and behaviour. They admitted that the issue of boys as victims of sexual violence has been largely omitted from their sensitisation efforts.¹³² In analysing why this is the case, they pointed to the sensitive nature of the issue, an assumption that sexual violence only affects women and girls, a lack of interest on the part of donors to support boy victims and the lack of available services for boys. Many research participants commented that by being involved in the research, they had become aware that they too were inactive and silent on the issue and should be doing more.¹³³

129 FGD, Zemio, 22 June 2022.

130 FGD, Zemio, 21 June 2022.

131 FGD, Zemio, 21 June 2022.

132 Respondent from international NGO, Bangui, 20 May 2022.

133 For example, key informants from international and national NGOs, 14 March 2022, 16 May 2022, 17 May 2022, 20 May 2022.

Many research participants highlighted that media coverage and mass sensitisation has been relatively successful in raising awareness of sexual violence against women and girls and in turn providing responses, and suggested that it could do the same for boys.¹³⁴ Group discussions, mass sensitisation through radio and in the neighbourhoods, and “door-to-door” sensitisation, involving children (boys as well as girls) and community members, were suggested. Various child protection NGOs have found age- and gender-sensitive informal discussions in youth clubs as quite effective in discussing the issue with boys and ensuring that survivors realise that what happened to them is real, that they are not alone and that they can receive treatment and support, discretely and confidentially. Other NGOs highlighted targeting of religious and community leaders.¹³⁵

Some NGOs stated that, in individual and small group discussions and sometimes in ‘door-to-door’ sensitisation drives, they are sensitively and carefully beginning to introduce the issue and to raise awareness about the availability of services for boys as well as for girls who have been victims of sexual violence. However, it should be stressed that such initiatives for boys are extremely rare and limited.

134 Including IRC and their training of RECOPE, Bangui, 25 May 2022.

135 Including IRC and their training of RECOPE, Bangui, 25 May 2022, and World Vision's Channels of Hope methodology, Bangui, 18 May 2022.

6.

Conclusion and recommendations

In the case of the Central African Republic, the persistent conflict there continues to impact the lives of its citizens as human rights violations including CRSV have become increasingly normalised. State authority is weak or absent in large parts of the interior of the country, where the situation remains volatile and unstable. As a result, impunity remains entrenched, justice is unavailable to most of the population and state services are weak or non-existent.

In these conditions, boys and girls who have been members of armed groups or forces and have experienced CRSV are frequently unable to access appropriate care and support and fear reprisal if they disclose what has happened to them. This, combined with cultural perceptions of masculinity and childhood in CAR, where men are generally viewed as powerful and dominant and boys are raised to be brave and not contradict their elders, results in boys hiding experiences of sexual violence against them, lest they be judged weak and unmanly, and deters them from seeking help. In addition, in situations where boys are forced to commit acts of sexual violence as part of being associated with armed groups, fear of investigation as well as feelings of guilt and trauma may prevent them from disclosing such acts.

The research clearly established that appropriate responses for boys remain lacking. All research participants acknowledged that few, if any, services were offered to or easily accessible by boys and that there was much need for improvement. Service providers particularly acknowledged that they could and should be more proactive in identifying boys who may have experienced CRSV, and that service design should be made more accessible to boys and take their needs and specificities into account. Policy makers have a role to play in ensuring that policies relating to prevention and responses on CRSV are gender-inclusive and consider age and gender-specific vulnerabilities. Donors also have a role to play, by ensuring that programmes they support target boys as well as girls, while ensuring that inclusion of boys does not result in less funding for girls.

The recommendations proposed below are the result of a consultation with research participants, as well as evaluations and other research on CAAFAG and CRSV undertaken in CAR. They have been designed to facilitate further reflection by policy makers, service providers, donors and others to consider and reflect on prescribed practices. This is for a variety of reasons, including:

- There is no ‘one-size-fits-all’ model and a model that is effective in one location at a particular time, may not be effective elsewhere or at a later date if circumstances have changed.¹³⁶
- There will be a wide range of interacting variables in any individual child’s life and no programme can be designed to account for them all. There is therefore a need to be flexible and build preparedness for possible of unpredictable consequences following on from interventions in programming.

6.1 Recommendations

1. Strengthen responses within CAAFAG reintegration responses for child victim/survivors of CRSV. This research identified gaps in reintegration responses for former CAFAAG who victims/survivors of CRSV are, as well as the need to strengthen responses for both girls and boys. In addition, the research identified following priority areas:

- **Secure, long-term funding:** There is an urgent need for increased and longer-term, secure funding so that reintegration programmes can be planned and implemented to ensure children receive the support they need for as long as is required and that there are sufficient numbers of child protection and other technical staff and professionals to provide timely, quality, age and gender-specific care and support services for children associated with armed groups and armed forces, including those girls and boys who have experienced CRSV in the context of their association with armed forces or armed groups. Funding should also be provided to ensure the strengthening of national social and child protection systems. Funding conditions should allow agile, rapid and reactive responses. Discussion days and exchanges of experience should be supported and encouraged in this regard. This long-term funding is also necessary to ensure coherent and continued follow-up and monitoring of children for a period considered sufficient for their sustainable reintegration into civilian life.
- **Capacity-building:** All stakeholders involved in CAAFAG reintegration (*inter alia*, UN and INGO child protection practitioners, medical and health providers, teachers and vocational trainers, legal service providers) should receive adequate and gender-inclusive training on how to identify

136 For further information on the need for dynamic/adaptable models see, Sardan et al. Travelling models and the challenge of pragmatic contexts and practical norms: the case of maternal health, in *Health Research Policy and Systems* 2017, 15 (Suppl 1):60, <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-017-0213-9>

and respond to victims/survivors of sexual violence.

- **Improved coordination:** Strengthen ways to improve coordination at policy and implementation levels between those involved, including by organising discussion days to facilitate the exchange of ideas, reflection on practices and lessons learned to strengthen responses, including strengthening the existing GBV and CP AoRs.
- **Adopt a survivor-centred approach to generate knowledge:** Building knowledge about gender, ability/disability and age-specific vulnerabilities by using a survivor-centred approach in documenting information, as opposed to gathering information from a service-centred approach, will generate improved learning to strengthen responses.
- **Ensure information, data and analysis relevant to all stakeholders:** the knowledge base of all stakeholders, beyond those directly involved in child protection, needs to be grown to feed the breadth of efforts in relation to prevention, protection and post-conflict reconstruction processes.

2. Improve access to services for child survivors of CRSV

- All members of the communities including girls and boys should be provided with information about what services are available and how to access them (including with guarantees for their security). They should be informed of the conditions of confidentiality and discretion that will be applied. The services should be designed to respond to the needs of girl and boy survivors/victims of CRSV.

3. Strengthen provision of family support by child protection actors

- Family support can be particularly beneficial for boy and girl victims/survivors of sexual violence to reduce the stigma they may suffer while reintegrating. However, families should not be made aware of their child's experience of sexual violence without the child's consent. Therefore, child protection actors and social workers should help children to reflect on the balance of benefits and risks of disclosing their situation to their family. If the child decides to disclose their situation, they should receive support to do so. In that case, support and advice should be provided to families on how to accompany and support their child.

4. Build effective responses for boy victims/survivors of CRSV within broader reintegration efforts

- **Fill gaps in knowledge/understanding:** Further research should be carried out including on social perceptions and practices around sexual violence against boys and how factors such as gender identity/expression, age, socio-economic, cultural and religious background contribute to vulnerabilities and effect responses to CRSV. Research should be developed to deepen understanding about motivations of perpetrators, including about how CRSV is motivated and interpreted in a specific context. This will help to reveal the drivers of CRSV and how certain acts have different meanings and implications in different settings, which in turn can inform the development of survivor-centred responses.

5. Child protection actors should regularly undertake an in-depth mapping and analysis of

services to be used by all children, including boy victims/survivors of CRSV.

- **Include boys in reintegration strategies and plans:** Pending a full understanding of the experiences of boys and their needs and wishes, the possibility that they may be victims/survivors of CRSV should be factored into the design of all phases of CAAFAG reintegration programming from initial identification to community-based programming and support.
- **Involve boys in programme design and implementation:** Boys should be consulted on and, wherever possible and appropriate, be able to participate in and design and implementation of policies, strategies and programmes aimed at supporting CRSV victims/survivors.

6. Provision of training and awareness-raising

- **Training** should be provided to case workers and members of community-based child protection networks so that they are alert to signs of possible experience of sexual violence, including distress, so they can adequately interact with girls and boys and all children to choose when and how they share their experience, if at all. Assessment processes should be designed to allow for regular meetings over an extended period to enable the trust necessary for any such disclosure to be built between the child and the caseworker.
- **Awareness-raising and sensitisation** on sexual violence against boys should be targeted at children (boys and girls), families and communities. Messages should address the existence of sexual violence against boys as well as girls, the associated risks and consequences, the existence of support services and how to access services. Sensitisation and awareness-raising should be conducted through various means: mass media, small groups, word of mouth, peer educators, community leaders, schools and youth clubs.
- **Consider separate specific approach** for boy victims of sexual violence within CAAFAG reintegration programmes. For example, ensuring boys have the choice of speaking with a man or a woman, or designing certain services for boys and/or girls together or separately depending on the context (such as small group discussions on sexual violence).
- **Enhance visibility** of boys, as well as girls, in leaflets, posters, and other media communications. They should be considered as potential victims of sexual violence when demobilised and dignity kits and other services should be adapted and redesigned to meet the needs of boys as well as girls.

Annex 1 – Methodology

I. Research Design and Ethical Approval:

Based on preliminary research and consultations during the initial scoping mission in March 2022, research was designed and a research protocol developed. This was reviewed by the Research Advisory Group (RAG) and, based on it, authorisation for the research was obtained from the CAR Ministry of Higher Education, Scientific Research and Technological Innovation (*Ministère de l'Enseignement Supérieur, de la Recherche Scientifique, et de l'Innovation Technologique*).

II. Key Principles: The research was informed by the following key principles:

Participative: Although the research was designed and led by the two principal investigators, with support from the research assistant based in CAR and who spoke Sango, input from key stakeholders was sought at each phase of the research and analysis including via consultations on the focus and design of the research during the original scoping mission; the RAG review of the research protocol; and through reflections on key questions during semi-structured interviews and FGDs. Survivors' groups were involved during the three phases of the research to reflect on challenges and ways to improve response.

Forward thinking and action-oriented: Rather than critiquing existing responses to reintegration/CRSV against boys, the research sought to engage in joint reflection with stakeholders, particularly those working at field-level/directly with affected children, on ways in which responses could be strengthened. Findings and recommendations that emerged from the research will be shared with participants later in 2022 in follow-up workshops for further discussion and feedback.

Respectful of children's agency and right to participation: Although under-18s/former CAAFAG did not participate in the research for ethical reasons, the principal investigators sought to reflect in recommendations their right to be actively involved in decisions affecting their current and future well-being (as reflected in the CRC, including in relation to any medical, MHPSS and other support they may need and to balance their individual agency with the role of their families in protecting them).

III. Data collection: In addition to the scoping mission (14-18 March 2022), field-based data collection took place in two main phases between 16 and 27 May 2022 in Bangui, and between 17 June and 9 July 2022 in Bangui, Zemio and Bria. It consisted of:

Semi structured interviews: A total of 39 face-to-face semi-structured interviews involving 61 respondents from 32 organisations were held with Bangui and field-based stakeholders, responsible for/involved in responding to CRSV against children and/or CAAFAG reintegration. They included representatives¹³⁷ of:

- The Government
- Justice/rule of law institutions
- UN missions/agencies
- International NGOs
- National NGOs and civil society organisations
- Survivors' associations
- Academics.

Each interview lasted between 30 minutes and two hours and covered the following main topics:

- National level partnerships and coordination of responses for addressing CRSV against children (and specifically boys).
- General policy and programmatic responses for CAAFAG reintegration and protection of child victims/survivors of CRSV.
- Experience of and arrangements for the protection of boys who had or may have experienced CRSV in the context of CAAFAG reintegration responses.

FGDs: A total of 77 participants took part in six FGDs, three in Bria and three in Zemio. In both locations, an initial FGD was held with child protection NGO actors, followed by two further FGDs with representatives of community-based organisations or other community members involved directly or indirectly in supporting CAAFAG reintegration and/or responses to CRSV. Of the 77 participants, 41 were male and 36 were female. Consideration was given to dividing FGDs by sex/gender, but participants recommended that mixed groups would allow for discussion of different perspectives and contribute to developing shared understandings of and recommendations on the issue. Across the six FGDs participants included:

- 39 representatives of I/NGOs involved in child protection and/or GBV responses, including programme managers, case managers, psychosocial assistants.
- 14 representatives of community organisations or individuals supporting child protection programmes including members of RECOPE members, foster families, and maître artisans.
- 5 health and/or education professionals.

137 For the sake of the protection of respondents and witnesses, the names of the organisations represented by the respondents are not mentioned.

- 19 community members, including members of community-based organisations related to child protection and/or sexual violence, “chefs de quartier” and mayor’s office, “chefs de secteur”, medical staff, and survivors’ organisations.

Each FGD lasted between six and seven hours and was conducted in French and Sango (where Sango was used simultaneous translation was provided into French for the principal investigator). Each FGD was divided into plenary and small groups discussions.¹³⁸

A combination of exploratory questions, role plays, and fictional case studies was used to generate discussion and facilitate thinking around the possible experience, needs and wishes of boy CAAFAG who may have experienced CRSV (as victim/survivor and/or perpetrator), and generate ideas on how responses could be designed to better respond to them. Using these methods, the following key questions were explored:

- What did participants and the wider community consider CRSV against boys and girls is?
- What might be the gender-specific needs of boy victims/survivors of CRSV?
- How families of affected boys and broader communities might react to a boy who has experienced or taken part in CRSV?
- What obstacles exist for service providers in providing care/support to child (specifically boy) victims/survivors of CRSV [in the context of their association with armed groups] and what barriers exist for children, specifically boys, in accessing services that are available?
- Whether and how boys and girls who had experienced CRSV are identified during reintegration processes/by service providers and what processes are in place to ensure that they receive appropriate care and support?
- In what ways could services for child victims/survivors of CRSV in the context of their association with armed groups be strengthened, and what measures are needed to ensure that they are available to and accessible by boy victims/survivors?

Following the completion of the FGDs, the preliminary findings, conclusions and recommendations were presented to respondents in Bangui¹³⁹ who had participated during the first phase of data collection for their feedback further enriching and confirming our findings. A draft of the report was also shared with the RAG for their review and comments.

138 With the consent of participants, parts of the plenary sessions were recorded for subsequent transcription.

139 Espérance, INTERSOS, JRS, MINUSCA, MOSUKA, Plan International, UNICEF; Bangui, 7 July 2022.



Office of the Special Representative of the Secretary-General for
CHILDREN AND ARMED CONFLICT

