

All Survivors Project Submission to the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Thematic Report on Crimes of Sexual Torture

23 April 2024

All Survivors Project (ASP) is an international non-governmental organisation that supports global efforts to eradicate conflict-related sexual violence (CRSV) and strengthen national and international responses to it through research and action on CRSV against men and boys.

Among ASP's objectives are to ensure accountability for CRSV against men and boys and to support access to justice and to timely, safe, ethical, quality and gender-competent healthcare by male victims/survivors. This submission draws primarily on ASP's work in pursuit of these objectives in Colombia, but also makes references to ASP's learnings from its work in Afghanistan, the Central African Republic (CAR) and the Syrian Arab Republic/Türkiye. It also references ASP's learnings on thematic issues, including CRSV in the context of deprivation of liberty and on the risks to and vulnerabilities of men and boys with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) to CRSV.¹

1. CRSV against men and boys – risks and vulnerabilities

Rape and sexual violence against men and boys has been documented by ASP and others in over 40 situations of armed conflict and in other situations of political repression/violence since 1990.²

Although such CRSV takes place in many different circumstances, including during armed attacks, house searches and at checkpoints and border crossings, ASP's research points to specific contexts in which the risk of CRSV, including sexual torture, to men and boys is heightened. These include in military settings (for example, sexual violence has been used to punish individuals for refusing to join armed forces or armed groups, and men and boys have been forced to commit acts of sexual violence against others), and in situations of forced displacement.³

¹ Full details of ASP's country and thematic work can be found on its website, <https://allurvivorsproject.org/>.

² These include Afghanistan, Bangladesh, Belarus, Burundi, Central African Republic, Chile, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, El Salvador, Egypt, Ethiopia, Haiti, Guatemala, Iraq, Israel, Kenya, Liberia, Libya, Mali, Myanmar, Niger, Nigeria, Peru, Russian Federation (Chechnya), Rwanda, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Timor-Leste, Turkey, the former Yugoslavia, the Syrian Arab Republic, Uganda, Ukraine, United Kingdom (Northern Ireland), Yemen and Venezuela.

³ See ASP, *Checklist on Preventing and Addressing Conflict-related Sexual Violence Against Men and Boys*, 10 December 2019, <https://allurvivorsproject.org/report/checklist-on-preventing-and-addressing-conflict-related-sexual-violence-against-men-and-boys>.

However, sexual violence against men and boys has been more widely reported in situations of deprivation of liberty than in any other setting. Most of the recorded incidents have taken place in state detention facilities (official and unofficial), often against individuals held because of their real or perceived opposition to the state or because they, or their family members, have or are presumed to have links with opposing forces.⁴

Sexual violence against male conflict-related detainees is part of a deliberate policy in some countries. For example in Syria, where thousands of men and boys detained by the state have been subjected to sexual violence, rape has been found to form part of a widespread and systematic attack directed against a civilian population by government forces and associated militia.⁵ In Sri Lanka, sexual violence is established to have been part of a deliberate institutional policy of torture by the state security forces during the armed conflict, and male detainees (primarily real or alleged members or supporters of the non-state armed group, the Liberation Tigers of Tamil Eelam), were found to be as likely to be victims as females.⁶ The widespread use of torture, including sexual violence, against Ukrainian detainees (civilian and prisoners of war, male and female) by authorities/security forces of the Russian Federation has also been documented.⁷

Non-state armed groups have also committed sexual torture against real or perceived supporters of opposing forces detained by them. For example, in CAR men and boys captured during armed attacks by armed groups have been taken to makeshift military camps where they have been repeatedly raped and subjected to other forms of sexual violence, and in some cases forced to commit acts of sexual violence against fellow captives.⁸

Boys, especially adolescents, are at high risk of conflict-related arrest and detention and are highly vulnerable to CRSV in this context.⁹ According to the UN Global Study on Children

⁴ See ASP and the International Human Rights Clinic at Harvard Law School, *Preventing Conflict-Related Sexual Violence in Detention Settings Principles and Commentary*, 14 October 2020, <https://allurvivorsproject.org/preventing-conflict-related-sexual-violence-in-detention-settings-principles-and-commentary/>; and Office of the Special Representative of the Secretary-General on Children and Armed Conflict (OSRSG CAAC) in partnership with ASP, *Strengthening Responses to Conflict-related Sexual Violence Against Boys Deprived of their Liberty in Situations of Armed Conflict*, December 2022, <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/12/ASP-briefing-paper-V1.pdf>.

⁵ The Independent International Commission of Inquiry on the Syrian Arab Republic, *"I lost my dignity": Sexual and gender-based violence in the Syrian Arab Republic Conference room paper*, 8 March 2018, UN Doc. A/HRC/37/CRP.3.

⁶ UN High Commissioner for Human Rights (UNHCHR), *Report of the Office of the High Commissioner for Human Rights Investigation on Sri Lanka*, 16 September 2015, UN Doc. A/HRC/30/CRP.2.

⁷ See Office of the High Commissioner for Human Rights (OHCHR) reports on the Human Rights Situation in Ukraine available at <https://www.ohchr.org/en/countries/ukraine> and reports of the Independent International Commission of Inquiry on Ukraine available at <https://www.ohchr.org/en/hr-bodies/hrc/iic/hr-ukraine/index>.

⁸ ASP, *"I don't know who can help": Men and boys facing sexual violence in Central African Republic*, 23 February 2018, <https://allurvivorsproject.org/i-dont-know-who-can-help-men-and-boys-facing-sexual-violence-in-central-african-republic/>.

⁹ In the five years between 2017-2021, the UN recorded over 17,500 conflict-related detentions of children. In 2021, this included at least 2,864 children detained in 17 countries, primarily held by state security forces. See

Deprived of Liberty, boys make up the vast majority of child conflict-related detainees, often held for their real or alleged association with opposition forces, or on national security-related charges.¹⁰ A review of secondary data in 2022 by ASP found reports of sexual torture against boys in state-run detention facilities in Afghanistan, Iraq, Myanmar, Nigeria, South Sudan, Syria and Yemen, and by non-state armed groups in CAR, Iraq, Somalia, Syria and Yemen.¹¹

Armed conflict can also heighten the risk of sexual violence against men and boys with diverse SOGIESC, along with other lesbian, gay, bisexual, transgender and intersex (LGBTI+) people, both exacerbating pre-existing discrimination-based vulnerabilities and giving rise to new. Already at heightened risk of detention relative to many other populations, including, although not only, in countries where consensual same-sex relations are still criminalised,¹² people with diverse SOGIESC face increased risk of incarceration during armed conflict where they are particularly vulnerable to torture or other ill-treatment including sexual violence.¹³ Although often the targets of arrest and detention because of their diverse SOGIESC, reports by the UN and INGOs show that men and boys with diverse SOGIESC who are arrested or detained for reasons apparently not related to their “non-conforming” sexual orientation or gender identity, may be subjected to intensified violence if it is discovered.¹⁴

In addition to age and SOGIESC, other characteristics such as ethnicity, religion, race and disability can contribute to vulnerability to CRSV, including sexual torture. In Colombia for example, of the 3,150 men and boys registered as of March 2024 with Colombia’s Victims Unit (the institution responsible for the administration of the domestic reparations programme) as victims of “crimes against sexual freedom and integrity during armed conflict”, over 20% (617) are listed as Black or Afro-Colombian, 7% (229) as Indigenous, and 14% (450) are men and boys living with disabilities.¹⁵ In Myanmar, the UN High Commissioner for Human Rights has found that sexual and gender-based violence was used

annual reports of the UN Secretary-General on Children and Armed Conflict for the years 2018-2022, available at: <https://childrenandarmedconflict.un.org/virtual-library>.

¹⁰ UN Global Study on Children Deprived of Liberty, August 2020, <https://omnibook.com/library/15f6bc7a-80d6-4abe-9721-0885fa5fff5d>.

¹¹ OSRSG CAAC, *Strengthening Responses to Conflict-related Sexual Violence Against Boys Deprived of their Liberty in Situations of Armed Conflict*, December 2022.

¹² According to the Human Dignity Trust, “65 countries have jurisdictions which criminalise private, same-sex, consensual sexual activity between men”, <https://www.humandignitytrust.org/> (accessed on 19 April 2024).

¹³ Report of the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 5 January 2016, UN Doc. A/HRC/31/57.

¹⁴ See for example Patricia Ollé Tejero, “Long Overdue: Exploring sexual violence against LGBTI+ people in conflict”, *Global Journal of Medicine and Public Health*, 2023, Special Issue, https://gjmedph.com/Uploads/O3_Special_Issue_2023.pdf; and Human Rights Watch (HRW), “*They Treated Us in Monstrous Ways*”: *Sexual Violence Against Men, Boys, and Transgender Women in the Syrian Conflict*, July 2020, <https://www.hrw.org/report/2020/07/29/they-treated-us-monstrous-ways/sexual-violence-against-men-boys-and-transgender>.

¹⁵ Victims Unit, Single Registry of Victims, <https://cifras.unidadvictimas.gov.co/Cifras/#!/hechos> (accessed 31 March 2024).

as a tool in the context of ethnic conflicts, primarily as a means of destroying the social fabric of non-Burman communities, and that ethnic Rohingya men, boys and transgender people were among those subjected to rape and other forms of sexual violence, including in situations of deprivation of liberty.”¹⁶

2. Responses to questions

In recent years, ASP has observed a significant increase in levels of recognition of the risk to and vulnerabilities of men and boys to CRSV, and increased attention on the need for it to be addressed in justice processes and for non-discriminatory access for male victims/survivors to assistance including medical care and mental health and psychosocial support (MHPSS) based on needs.¹⁷

Nevertheless, just as there remain many challenges to responding effectively to CRSV against women and girls, CRSV against men and boys remains significantly under-reported/documented, the extent and gendered nature of harms resulting from it insufficiently understood, and justice and health and other rehabilitation responses for male victims/survivors largely inadequate.

3. Challenges, impediments and obstacles to effective identification, documentation, investigation and prosecution of crimes of sexual torture and related ill-treatment

3.1 Low levels of disclosure and reporting by male victims/survivors: In its work in Colombia and elsewhere, ASP has consistently found that men and boys are reluctant to report experiences of CRSV and, if they do so, it can be many months or even years after the incident took place.¹⁸

There are multiple reasons for this, although in most contexts’ stigma and shame (typically rooted in rigid gender norms, cultural assumptions about male invulnerability to such violence and the equation of sexual violence against men/boys with being gay) commonly

¹⁶ UNHCHR, Report: *Situation of Human Rights of Rohingya Muslim Minority and Other Minorities in Myanmar*, UN Doc. 11 November 2020, A/HRC/43/18; ASP, *Submission to Universal Periodic Review, 37th session (January-February 2021) Myanmar*, 22 June 2022, <https://allsurvivorsproject.org/submission-to-the-universal-periodic-review-of-myanmar/>.

¹⁷ For example, UN General Assembly resolution 69/293 (2015); UN Security Council resolutions 2467 (2019), 2331 (2016) and 2106 (2013); Human Rights Council resolutions 43/29 (2020), 45/35 (2020), 45/19 (2020), 43/27 (2020), 43/28 (2020), 42/26 (2019), 42/27 (2019), 41/23 (2019), 41/15 (2019), 40/17 (2019), 41/15 (2019), 39/15 (2018), 38/16 (2018), 37/20 (2018), 34/16 (2017), 22/24 (2013), 21/15 (2012), 19/22 (2012), 18/1 (2011) and 13/20 (2010).

¹⁸ According to the Gender-based Violence (GBV) Area of Responsibility (AoR) of the Global Protection Cluster, “Male survivors rarely report sexual violence incidents immediately, and frequently do so only when the physical effects of attacks require urgent intervention. Most men and boys only seek assistance several years after the event.” See GBV AoR, *Guidance to Gender-based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence*, 2021, <https://gbvaor.net/node/1260>.

prevents disclosure of sexual violence whether to family and friends, rule of law and other justice stakeholders and/or healthcare professionals.

Such social/cultural responses to CRSV against men and boys are often reinforced by legal obstacles and institutional biases and barriers that can also inhibit reporting. In Afghanistan, the criminalisation of same-sex consensual relations has been cited by male victims/survivors as among the reasons for not reporting to the authorities for fear of being prosecuted themselves, along with secondary victimisation including rape or other forms of sexual violence by police officers, and shame and blame by their families and their communities.¹⁹

In Colombia, where same-sex relations are not criminalised and relevant laws, including those criminalising rape and sexual violence, are gender-inclusive, male (and other) victims/survivors nevertheless encounter other obstacles to reporting. These include lack of knowledge of who or where to report to; insecurity and fear of reprisals; logistical obstacles such as long and expensive journeys to travel to urban centres where specialised medical facilities and rule of law authorities are located; fear of encountering negative attitudes from officials (such as disbelief, homophobic or other stigmatising attitudes and behaviours), overly bureaucratic reporting processes (for example, in order to register for reparations, victims/survivors must first submit a statement to the Public Ministry which forwards it to the Victims Unit for a decision. However, many applications are refused, there is only a short time in which to appeal, and because of the complex way in which Victims Unit decisions are drafted, it is beyond the capacity and resources of many victims/survivors to challenge rejections); mistrust of state officials, and lack of trust in the justice system.²⁰

There is also often a perception among male victims/survivors that routes to reporting are intended for women and girls or women and children. Such perceptions can be unintentionally reinforced by something as simple as the naming of the relevant institutions. For example, CAR's Joint Unit for Rapid Intervention and Eradication of Sexual Violence against Women and Children, that is tasked with investigating and prosecuting sexual

¹⁹ ASP, *Submission to the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity: Thematic Report on Gender, Sexual orientation and Gender Identity*, 25 February 2021, <https://allsurvivorsproject.org/submission-to-the-un-independent-expert-on-protection-against-violence-and-discrimination-based-on-sexual-orientation-and-gender-identity/>.

²⁰ ASP, *Enhancing Survivor-centred Healthcare for Male Victims of Conflict-related Sexual Violence in Colombia*, forthcoming. Colombia's National Centre for Historical Memory (CNMH), has noted that "the silence is much more overwhelming" for men and that the "mobilisation of men as victims of sexual violence has been scarce and poorly organised, which contributes greatly to the neglect and fear of these people." See CNMH, *La Guerra Inscrita En El Cuerpo*, (Spanish only), 2017, <https://centrodememoriahistorica.gov.co/la-guerra-inscrita-en-el-cuerpo/>.

violence, including CRSV, at first sight appears to exclude adult men (although in practice it has received complaints of sexual violence against men and boys).²¹

There are also concerns in many settings about lack of coordination among rule of law, justice, human rights, humanitarian and other key stakeholders which can result in victims/survivors being required to give their testimonies multiple times – a potentially retraumatising experience which can deter victims/survivors from pursuing justice or otherwise seeking assistance.

3.2 Gaps in documentation: Documentation of CRSV against men and boys, including sexual torture involving male victims/survivors, has increased in recent years and is now more commonly addressed in human rights reports. For example, relevant reports by UN Special Procedures and Commissions of Inquiry and other fact-finding bodies generally include data on the issue. However, monitoring and reporting on CRSV against men and boys is still not systematic and there remain significant gaps including in terms of understanding its scale, nature and the impact on victims/survivors, their families and their communities. These gaps have many negative implications including for the level of priority that is afforded to CRSV against men and boys in justice processes and in the design and implementation health services and other programmes that offer support to victims/survivors.

In its research ASP's is frequently told by informants including human rights, child protection and gender-based violence experts, healthcare workers and victims/survivors, that CRSV against males (which may include sexual torture) is much more prevalent than existing documentation suggests. For example, in research in CAR, ASP was told that "...CRSV against boys is a widespread, although largely hidden, problem."²² Individuals working with child conflict-related detainees in Afghanistan, Iraq and north-eastern Syria, said that they believed that sexual violence against detained boys there, whether committed by officials or other detainees, was widespread, even though there are few verified cases.²³

The need for improved documentation of CRSV against men and boys, including in situations of deprivation of liberty where the violation often occurs, has been recognised by the UN

²¹ According to UNDP, UMIRR's unit in Bangui received over 3,000 complaints in 2022 (2,377 of which were from women and 650 from men). See UNDP Rule of Law and Human Rights Programme, Central African Republic, Global Focal Point Profile, <https://rolhr.undp.org/annualreport/2022/impact/africa/central-african-republic.html> (accessed 20 April 2024).

²² OSRSG CAAC, *Responding to Conflict-related Sexual Violence Against Boys Associated with Armed Forces and Armed Groups in Reintegration Programmes*, December 2022, <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/12/ASP-V2.pdf>.

²³ See OSRSG CAAC, *Strengthening Responses to Conflict-related Sexual Violence Against Boys Deprived of their Liberty in Situations of Armed Conflict*, December 2022. In Colombia, Médecins Sans Frontières (MSF) has noted that, "there is an even greater under-reporting of cases of sexual violence among men," and that "for cultural reasons such as the prevalence of machismo or the belief that homosexuality is directly linked to male sexual violence, men do not seek care or report cases to the authorities." MSF, *Colombia: In the shadow of the peace process*, 16 August 2017, <https://www.doctorswithoutborders.org/latest/report-colombia-shadow-peace-process>.

Secretary-General who has called for “more consistent monitoring, analysis and reporting on sexual violence against men and boys particularly in the context of formal and informal detention settings.”²⁴

Key to this is recognising that men and boys can be victims/survivors of CRSV and asking appropriate questions in a safe and ethical manner and/or being able to recognise non-verbal signs that could indicate that sexual violence has occurred.²⁵ However, in situations of detention, it also relies on cooperation from parties to armed conflict who too often do not allow or restrict regular, unannounced, unhindered access to detention facilities and detainees by independent monitors. Such restrictions both prevents monitoring and reporting of sexual torture against detainees and undermines efforts to prevent it. Where incidents are reported, information is not always disaggregated by age or gender and boys are often subsumed within broader categories of “males” or “children”, thereby effectively rendered invisible.²⁶

3.3 Lack of gender-inclusivity in laws and protocols: There has been some progress towards ensuring gender-inclusive definitions of rape and sexual violence in criminal codes and other relevant national laws. However, there remain a significant number of countries in which rape against men and boys is not criminalised, which constitutes a significant obstacle to investigations and prosecutions of this crime.

Lack of gender-inclusivity in protocols and procedures can also prevent victims/survivors of CRSV from realising their right to remedy and reparation, and undermine gender-competent survivor-centred approaches in justice processes and other responses which require that individuals are respected and treated with dignity and respect in a supportive environment.

In Colombia, the Ombudsman's Guide to Comprehensive Care for Women Survivors of Sexual Violence, which informs responses by the Ombudsman's Office and sets out referral pathways for individuals who have suffered sexual violence (including CRSV), does not contain specific guidance on the care of heterosexual and cisgender male victims/survivors (although it does include guidance on applying differential approaches for boys, girls, adolescents, LGBTI+ people and people belonging to ethnic groups or communities and people with disabilities).²⁷

²⁴ UN Secretary-General, *Report on Conflict-related Sexual Violence*, 29 March 2019, UN Doc. S/2019/280.

²⁵ See UNHCHR, *Working with Men and Boy of Sexual and Gender-based Violence in Forced Displacement*, July 2012, <https://www.refworld.org/policy/opguidance/unhcr/2012/en/87390>.

²⁶ For further information on challenges involved in documenting CRSV against boys see, OSRSG CAAC, *Strengthening Responses to Conflict-related Sexual Violence Against Boys Deprived of their Liberty in Situations of Armed Conflict*, December 2022.

²⁷ Office of the Ombudsman, *Ombudsman's Guide to Comprehensive Care for Women Survivors of Sexual Violence*, May 2019, (Spanish only) https://repository.iom.int/bitstream/handle/20.500.11788/2272/Gu%c3%ada%20defensorial_2019.pdf?sequence=1&isAllowed=y

A similar lack of attention to men and boys is found in Colombia’s Institute of Legal Medicine and Forensic Sciences (INMCLF) 2018 Guide to a Comprehensive Forensic Approach to the Investigation of Sexual Violence. The guidelines incorporate the Istanbul Protocol and acknowledge that men and boys can be victims/survivors of sexual violence and includes reference to clinical examinations of men and boys. However, its primary focus – both in terms of instructions for clinicians and exemplifying photographs and images on conducting clinical examinations – is on women and girls.²⁸ According to an INMCLF clinician interviewed by ASP in 2022, this results in a non-differential approach to clinical forensic assessments in which male and female victims/survivors are effectively treated as being the same.²⁹

3.4 Non-recognition of forms of sexual violence involving male victims/survivors: When recorded, CRSV against males is often categorised exclusively as torture or other forms of cruel, inhuman or degrading treatment, which can obscure the sexual dimension of the act/s and the full extent of the harms suffered. For example, Peru’s Truth and Reconciliation Commission coded sexual torture of men as torture but sexual torture of women as sexual violence. A subsequent re-analysis and re-coding of the testimonies to take account of the multiple forms of CRSV against men and boys revealed that males accounted for 29% of sexual violence victims/survivors rather than the 2% cited in the Commission’s final report.³⁰

Recognising the many different forms that CRSV can take is essential to ensuring accurate characterisation of and responses to the violation. ASP has found in its work that certain forms of CRSV involving male victims are not always recognised/understood, either by victims/survivors or by responders, as constituting sexual violence, even where the same acts committed against women and girls are categorised as such. For example, in Colombia forced nudity of boys associated with armed groups during military training exercises or in the context of interrogations by state security forces is more likely to be understood as a form of human rights abuse when committed against girls than against boys.³¹ Other acts of sexual violence that are more common against men and boys, such as being forced to commit, participate in or witness the rape or other forms of sexual violence against others,

²⁸ The INMCLF is a statutory body attached to the Attorney General's Office and is responsible for conducting medico-legal evaluations including in cases of sexual violence. INMCLF, *Guide to a Comprehensive Forensic Approach to the Investigation of Sexual Violence*, 2018, (Spanish only), <https://www.medicinalegal.gov.co/documents/20143/40473/Gu%C3%ADa+for+a+comprehensive+forensic+approach+to+the+investigation%C3%B3n+of+sexual+violence.pdf/dc71e689-7d7d-5407-2408-b550065bf397>.

²⁹ ASP, *Enhancing Survivor-centred Healthcare for Male Victims of Conflict-related Sexual Violence in Colombia*, forthcoming.

³⁰ Michele Leiby, “The Promise and Peril of Primary Documents: Documenting Wartime Sexual Violence In El Salvador And Peru”, in Morten Bergsmo and others, *Understanding and Proving International Sex Crimes*, 2012, www.micheleleiby.com/downloads/Leiby_FICHL_manuscript.pdf.

³¹ ASP interviews with child rights/protection experts in Colombia in 2023.

and threats of rape against spouses, children and other family members, are also not always recognised as being forms of CRSV.³²

These and other examples underscore the importance of expansive understandings of sexual violence by documenters, investigators and prosecutors and others involved in responding to CRSV. In this regard, the list common forms of CRSV involving men and boys included in the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict is particularly useful.³³

3.5 Insufficient priority accorded to CRSV against men and boys in justice processes:

ASP has recommended that CRSV against men and boys (including sexual torture) needs to feature as an explicit component of broader strategies on investigating and prosecuting CRSV, in preliminary investigations; in the development of case hypotheses and investigation and prosecution strategies; in analysis of crime patterns; the screening, selection, interviews, testimony of victims/survivors and witnesses; at sentencing and reparation stages; and in submissions on appeals.³⁴ However, although CRSV is increasingly addressed in justice processes (judicial and non-judicial), CRSV against men and boys is still frequently overlooked and/or not adequately prioritised.

There have nevertheless been some positive developments in Colombia where CRSV against men and boys did not feature in early discussions on justice but where growing awareness of the scale of CRSV (including sexual torture) in general and against men and boys in particular has, overtime, resulted in justice mechanisms paying more attention to these issues.

For example, the Special Jurisdiction for Peace (SJP), the judicial branch of Colombia's transitional justice institutions established under the 2016 Peace Agreement between the government and the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP), initially investigated CRSV within existing thematic or territorial cases, but following pressure from victims/survivors of CRSV and others, in September 2023 it opened a macro-case into "sexual violence, reproductive violence and other crimes committed out of prejudice, hatred and discrimination based on gender, sex, identity and diverse sexual orientation in the

³² Whilst the practice of international criminal courts and tribunals has not always been consistent in this regard, a number of judgments have recognised that such acts (e.g. forced fellatio) constitute rape. For further details see Patricia Sellers and Leo Nwoye, "Conflict-related male sexual violence and international criminal Jurisprudence", Marysia Zalewski and others, *Sexual Violence Against Men in Global Politics*, 2018. See also, International Center for Transitional Justice (ICTJ), *When No One Calls it Rape: Addressing Sexual Violence Against Men and Boys in Transitional Contexts*, December 2016, <https://www.ictj.org/news/sexual-violence-against-men-boys>.

³³ UK Government, *International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Best Practice on the Documentation of Sexual Violence as a Crime or Violation of International Law*, Second Edition, March 2017, <https://www.gov.uk/government/publications/international-protocol-on-the-documentation-and-investigation-of-sexual-violence-in-conflict>.

³⁴ ASP, *Checklist on Preventing and Addressing Conflict-related Sexual Violence Against Men and Boys*, 10 December 2019.

framework of the armed conflict” (macro-case 11).³⁵ Of the 126 submissions on CRSV by victims/survivors and civil society organisations to the SJP, only one focused on CRSV against men and boys, but it is encouraging that the Auto (or opening order) for Sub-case 2 on gender-based violence against civilians committed by members of the security forces, explicitly includes reference to CRSV against men and boys.³⁶

Colombia’s Commission for the Clarification of Truth, Reconciliation and Non-Repetition (Truth Commission) required a gender-sensitive approach and it prioritised CRSV against women and girls and LGBTI+ populations in its investigations. It did not have a specific outreach strategy for male victims/survivors, but towards the end of its mandate it took measures including requesting oral and written briefings from ASP and engaging with male victims/survivors, to ensure that CRSV against men and boys was addressed in its final report which included a dedicated case study on CRSV against heterosexual cisgender men and boys including analyses of the different forms of CRSV committed against them, the motivations of perpetrators, patterns of victimisation, impacts on victims/survivors and coping mechanisms.³⁷

4. Victim participation and protection during investigation and prosecution

4.1 Lack of participation of male victims/survivors in consultations on the design and implementation of justice processes: As noted by the Special Rapporteur on the Promotion of Truth, Justice, Reparation and Guarantees of Non-Recurrence (Special Rapporteur on Transitional Justice) “transitional justice processes require the full and effective participation of victims, with a privileged voice, from discussions about the design of each of the mechanisms to the supervision of the implementation of decisions.”³⁸

The active participation by and the consideration of the rights, needs and aspirations of victims of has been a consistent theme in the transitional justice discourse in Colombia, arguably resulting in greater recognition of the centrality of victims and greater commitment to victim inclusion and the incorporation of gender-perspectives and differential approaches

³⁵ Opening auto macro case 11: SJP, Auto SRVR No. 05 of 2023, 6 September 2023, https://jurinfo.jep.gov.co/normograma/compilacion/docs/pdf/Auto_SRVR-05_06-septiembre-2023.pdf.

³⁶ Macro case 11 is divided into three sub-cases. Sub-case 1 addresses GBV against civilians committed by members of the FARC-EP and Sub-case 3 addresses Violence within the ranks: sexual, reproductive and other gender-based and biased violence within the security forces and the FARC-EP. The submission documented a total of 81 cases of CRSV against men and boys, ASP, Deponer las Armas, Retomar las Almas (Laying Down Arms, Reclaiming Souls): Sexual Violence against Men and Boys in the Context of the Armed Conflict in Colombia, 19 June 2022, <https://allsurvivorsproject.org/deponer-las-armas-retomar-las-almas-laying-down-arms-reclaiming-souls/>.

³⁷ Truth Commission, *Final Report*, Chapter on “Women and LGBTIQ+ People, Case: Sexual Violence against Men in the Context of the Armed Conflict” (Spanish only), 2022, <https://www.comisiondelaverdad.co/caso-violencias-sexuales-hombres>.

³⁸ UN Special Rapporteur on Transitional Justice, *Contemporary Perspectives on Transitional Justice Issues*, January 2022, <https://www.ohchr.org/en/documents/thematic-reports/contemporary-perspectives-transitional-justice-issues>.

in the design and implementation of transitional justice processes than in most other jurisdictions to date.

Nevertheless, although female and LGBTI+ victims/survivors of CRSV played a significant role in shaping transitional justice processes as part of broader discussions that resulted in the 2016 peace agreement, no heterosexual cisgender male victims/survivors of CRSV are known to have taken part in these discussions. Their subsequent participation in monitoring structures has also been limited to date.³⁹

4.2 Lack of outreach and other strategies to ensure participation of male victims/survivors: Special measures, including outreach procedures, training for investigators and dedicated sessions are needed to facilitate victims/survivors of CRSV to come forward are needed.⁴⁰ Gender is among the considerations (along with age, ethnicity, disability etc.) that needs to be taken into the account in the design of such measures, including specific measures that may be needed to support the participation of male victims/survivors in justice processes.

In Colombia, male victims/survivors, while not excluded from participation, often find it difficult to engage in justice process because of the lack of gender-specific outreach strategies and other proactive measures to support their participation. For example, the Office of the Ombudsman organises events known as “jornadas” for victims/survivors of CRSV to report these crimes which are open to all, but outreach has generally directed towards women and relatively few male victims/survivors have come forward to testify at these events. Heterosexual, cisgender male victims/survivors seeking accreditation to the SJP have also struggled to find legal representatives willing to or with expertise to represent them.

In its work, ASP has noted the important role that peer support groups can play in helping victims/survivors come to terms with their experiences of CRSV; to navigate justice processes and to access reparations, navigate the healthcare system and protection, and empower them to engage with and influence the design and implementation of justice processes and rehabilitation services.

4.3 Victim/witness protection challenges: In Colombia, domestic law provides for protection of victims/survivors of CRSV and their families. For example, Law 1719 of 2014

³⁹ The Victims and Land Restitution Law (Law 1448 of 2011 known as the Victims Law) which established the framework for the domestic reparations programme for victims of the armed conflict, requires the active participation of victims/survivors in the formulation, implementation and monitoring of policies on “prevention, care and comprehensive reparation,” and provides for the establishment of Victim Participation Roundtables at national, department and municipal level. ASP has been informed that there is some participation of male victims/survivors of CRSV in Roundtables, but it is low and that there has been some resistance to their participation.

⁴⁰ For further discussion see, ICTJ, *When No One Calls it Rape: Addressing Sexual Violence Against Men and Boys in Transitional Contexts*, December 2016.

on Access to Justice for Victims of Sexual Violence, recognises the heightened vulnerability of victims/survivors of CRSV to new aggressions and provides that requests for protection measures can be made whether or not the individual decides to submit a formal report. Law 1257 of 2008 on Violence Against Women provides for protection measures to ensure that women who are sexual violence survivors can access their right to justice (according to a representative of Office of the Ombudsman interviewed by ASP, measures provided for under the law are applicable to all victims/survivors of CRSV not only women and girls). Additionally, the SJP is responsible for putting in place measures for the protection of victims and witnesses taking part in its proceedings.

In practice the capacity of the authorities to provide meaningful protection appears to be limited and male victims/survivors of CRSV, particularly those with leadership roles in their communities, are among those who have been the targets of violence by armed actors. ASP has supported several male victims/survivors who have been subjected to threats, including through referrals to protection actors, but has found that there is no comprehensive mapping of and other pathways for male victims/survivors of CRSV and that protection measures, such as safe houses, are often not available to them.⁴¹

5. Rehabilitation

Male victims/survivors of CRSV commonly suffer a range of physical injuries, both genital and non-genital. They are at increased risk of sexually transmitted infections, including HIV, and can also experience incontinence, problems urinating or defecating, genital and rectal trauma and pain, fistulas and fissures, impairment, and damage to reproductive capacity or sexual dysfunction. The mental health consequences of sexual violence can be equally serious and long-lasting. They include psychological distress, depression, post-traumatic stress disorder, panic, difficulties with intimate relations, social withdrawal, and inability to work. For those who have suffered sexual torture including in situations of detention, the consequences can be particularly severe and long-lasting.⁴²

Safe, ethical, quality and gender-competent medical care and MHPSS services are essential for the recovery and rehabilitation of victims/survivors of CRSV. For victims/survivors of sexual torture, more specialist interventions may be needed. However, even basic services are often not available and specialised services for victims/survivors of sexual torture rarely

⁴¹ ASP, in collaboration with the Protection Cluster, the GBV Subcluster and the Maternal Health, Sexual and Reproductive Health and Gender-Based Violence Sub-Cluster in Colombia, is currently undertaking a mapping of services for men and boys who are victims/survivors of sexual violence.

⁴² For a detailed study of the physical and psychological impacts of CRSV on men formerly detained in Syria, see Coleen Kivlahan and others, “Long-term physical and psychological symptoms in Syrian men subjected to detention, conflict-related sexual violence and torture: cohort study of self-reported symptom evolution”, *eClinicalMedicine*, Volume 67, January 2024, <https://www.sciencedirect.com/science/article/pii/S2589537023005503>.

so. In its research on healthcare provision for male survivors of victims/survivors in CRSV in Afghanistan, CAR and Colombia, ASP has identified common shortcomings including:⁴³

5.1 Lack of or uneven availability of basic medical/MHPSS services or of specialist services required by victims/survivors of sexual torture: Lack of availability of medical care and MHPSS is among the primary obstacles faced by victims/survivors of CRSV in accessing appropriate care and support.

For example, in Colombia, there are significant disparities in the geographic coverage of even basic healthcare. More remote and rural areas (where many victims/survivors live) are particularly poorly served, and there is a lack of availability of specialist services for victims/survivors of sexual violence outside of larger urban areas with the result that accessing care often involves lengthy and frequently prohibitively expensive journeys.⁴⁴

In CAR, most services for victims/survivors of sexual and gender-based violence are provided by humanitarian actors and are mainly concentrated in the capital Bangui. MSF (one of the main providers of care for CRSV victims/survivors there) has highlighted many gaps in available services, “from comprehensive to basic medical care; from sophisticated psychiatric care for complicated cases to initial psychosocial support.”⁴⁵ Many male victims/survivors interviewed by ASP in CAR in 2023, said that services were not available in the areas where they lived and some said they had resorted to using traditional medicine or bought medication from local markets or pharmacies to self-medicate, before seeking professional care.

In previous studies on responses to men and boys who have endured sexual torture in Syrian detention facilities, ASP also found that their needs were often unmet including because of lack of specialist services.⁴⁶ Nevertheless, efforts have been made to develop this capacity

⁴³ ASP has conducted a multi-country study on survivor-centred healthcare for male victims/survivors of conflict-related sexual violence in these three countries. Unless otherwise indicated, information in this section is drawn from this work including, ASP and Youth Health and Development Organization (YHDO), *Enhancing Survivor-Centred Healthcare Response for Male Victims/Survivors of Sexual Violence in Afghanistan*, 19 March 2021, <https://allsurvivorsproject.org/enhancing-survivor-centred-healthcare-response-for-male-victims-survivors-of-sexual-violence-in-afghanistan/>, and forthcoming reports on research findings on CAR and Colombia.

⁴⁴ Under Colombia’s health insurance system, the cost of travel to healthcare facilities located within the municipality in which a patient is resident are generally be paid by the patient although a 2022 Constitutional Court decision ruled that costs should be covered where the patient is unable to afford it and the resulting lack of access to the service compromises the patient’s dignity or health. A 2021 Constitutional Court decision reinforced that, in accordance with the Statutory Health Law (article 11), travel to healthcare facilities located in another municipality should be covered by health insurance, particularly for persons with special constitutional protection including conflict victims. However, victims/survivors with which ASP works with have often found it difficult to access payments for travel costs.

⁴⁵ MSF, *Invisible Wounds: MSF’s findings on sexual violence in CAR between 2018 and 2022*, 24 October 2023, <https://www.msf.org/invisible-wounds-msf-findings-sexual-violence-car>.

⁴⁶ ASP, “*Destroyed from Within*”: *Sexual Violence against Men and Boys in Syria and Turkey*, September 2018, <https://allsurvivorsproject.org/destroyed-from-within-sexual-violence-against-men-and-boys-in-syria-and->

in neighbouring countries to where many have fled. For example, specialist support for victims/survivors of sexual torture who have fled Syria is provided by the Center for Victims of Torture (CVT) in Jordan.⁴⁷ In Türkiye there are a small number of specialised healthcare services for victims/survivors of sexual violence but these tend to be located in major urban centres and Syrians whose assigned province lacks these services can encounter difficulties obtaining permits to allow them to travel outside their province to access the specialist care that they require.

Where medical and MHPSS services do exist, ASP's research has found that male victims/survivors are often unaware or do not know how to access them. To counter this, some healthcare providers in CAR and Colombia have developed strategies to reach men and boys, including adapting health promotion materials and engaging directly with men during community outreach activities. However, in both countries, in the absence of a mapping of services for male victims/survivors, human rights, protection and other actors do not know where to direct them to ensure they receive the care/support that they require.

5.2 Lack of gender-competent services/support: While health and other services are insufficient for most victims/survivors of CRSV, those that exist are often designed primarily with women/girls in mind which can make them unsuitable for or inaccessible to male victims/survivors.

For example, in Afghanistan, a range of services have also been developed specifically to address the health care needs of victims/survivors of gender-based violence, such as the Family Protection Centres which exist in most provinces, but these are largely directed towards women and girls. Healthcare providers there particularly emphasised the unavailability of psychosocial services for victims/survivors of violence, and the lack of capacity of psychosocial counsellors to deliver services specifically to male victims/survivors of sexual violence.

In a similar vein, in the context of reintegration programmes for children associated with armed forces or armed groups (CAAFAG), a lack of awareness that boys are vulnerable to CRSV, has resulted in a lack of recognition of the needs of boy victims/survivors in the design and implementation of programmes. In CAR, although efforts have been made in recent years to provide response services for former girl CAAFAG, research by ASP in 2022 found that services for boys were inadequate or non-existent. Even where services were available

[turkey/](https://allsurvivorsproject.org/joint-submission-by-the-international-human-rights-clinic-at-harvard-law-school-the-syrian-network-for-human-rights-and-asp-to-the-un-human-rights-committee-on-turkey-132nd-session-28-june-23-jul/); and ASP, the International Human Rights Clinic at Harvard Law School and the Syrian Network for Human Rights, *Joint Submission to the UN Human Rights Committee on Turkey, 132nd Session*, 3 May 2021, <https://allsurvivorsproject.org/joint-submission-by-the-international-human-rights-clinic-at-harvard-law-school-the-syrian-network-for-human-rights-and-asp-to-the-un-human-rights-committee-on-turkey-132nd-session-28-june-23-jul/>.

⁴⁷ For further information on CVT's work in Jordan and elsewhere see <https://www.cvt.org/>.

that boys could potentially access, they were not designed or developed specifically for them.⁴⁸

Protocols and guidance for the provision of healthcare are also often insufficiently gender-competent. In Colombia, for example, the 2012 Protocol and Model of Comprehensive Health Care for Victims of Sexual Violence Protocol which sets out 15 steps for the provision of care to victims/survivors of sexual violence by health sector workers, while relatively comprehensive, is primarily focused on the provision of care to women and girls. It does not address the full, complex range of symptoms which male victims/survivors may present, does not include gender-specific considerations for men and boys, makes no reference to activating protection pathways for adult male victims/survivors and, additionally, makes only limited references to the treatment of victims/survivors with diverse SOGIESC.⁴⁹

The GBV Treatment Protocol for Healthcare Providers in Afghanistan, contains some, albeit limited, direct reference to men and boys but many healthcare providers interviewed by ASP in 2020 were unaware of the protocol. All 44 healthcare workers interviewed during the research either stated that the healthcare facility in which they worked did not have any specific protocols for how to deal with cases of sexual violence against men and boys, or that they did not know if such a protocol existed. ASP with its partner has over the last three years rolled out trainings to 140 healthcare providers across different provinces in the country.

5.3. Lack of skills/experience among healthcare workers: A consistent theme that has emerged in ASP's research is the lack of skills and expertise among healthcare professionals to respond to CRSV against men and boys. In Afghanistan, CAR and Colombia, research participants have highlighted the lack of knowledge and expertise among health professionals on the issue in general and of recognising the signs and knowing how to respond appropriately to male victims/survivors specifically. In Afghanistan, ASP's research further pointed to gaps in healthcare providers' recognition of male victims/ survivors with diverse SOGIESC as a vulnerable group in need of services, or even as legitimate victims/survivors of sexual violence.

Victims/survivors interviewed for research in all three countries pointed to fear of negative attitudes or behaviours by healthcare workers as a deterrent to seeking care. Those who had sought healthcare often described experiences of being treated in a stigmatising, homophobic or otherwise discriminatory manner by doctors, nurses and other staff working in health facilities, of being asked insensitive or inappropriate questions or being asked for

⁴⁸ OSRSG CAAC, *Responding to conflict-related sexual violence against boys associated with armed forces and armed groups in reintegration programmes*, December 2022.

⁴⁹ The Protocol is under review. For the current version see Ministry of Health, Resolution 0459 of 2012, 6 March 2012 (Spanish only), <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/DIJ/Resolucion-0459-de-2012.PDF>.

information about the incident of CRSV which they found irrelevant and re-victimising, and of a failure to maintain confidentiality.

Often healthcare workers have no or little training on responding to CRSV. For example, in Colombia clinical personnel are required to be certified in the comprehensive health care for victims of sexual violence, but training is reported to be quite general and does not include specific modules on responding to sexual violence against men and boys. In CAR, research pointed to a lack of knowledge of how to identify and respond to male victims/survivors particularly those working in the public health system where it was noted that, unless they had received specific training by an NGO or external partner, medical and other staff are unlikely to have the training or skills to identify signs of rape or other forms of sexual violence in male patients, or to provide appropriate care.

5.4 Reparations for victims/survivors of CRSV: The 2014 Guidance Note of the UN Secretary-General on Reparations for CRSV stressed that “reparations programmes and tribunals should explicitly acknowledge that men and boys who suffer conflict-related sexual violence also need rehabilitation and that their rehabilitation, in terms of the quality and quantity of services required, is different to that required by women and girls.”⁵⁰

Among ASP’s focus countries, Colombia is the only one that currently has a comprehensive domestic reparations programme.⁵¹ The National System for Comprehensive Victim Support and Reparation, established under the Victims and Land Restitution Law (Law 1448 of 2011, known as the Victims Law), includes reparative measures for “victims of crimes against sexual freedom and integrity in the framework of the armed conflict.” These include compensation and humanitarian aid in the form of emergency medical and psychological care which all public and private hospitals are required to provide to any conflict victim (including of CRSV) who require it.

The Victims Law also provided for the establishment of the Programme of Psychosocial and Integral Health Care for Victims (PAPSIVI), to provide (non-emergency) health care as well as physical, mental and/or psychosocial rehabilitation, to victims of the armed conflict. The Victims Unit additionally offers psychosocial support to those registered with it including through its “Emotional Recovery Strategy at Group Level” (EREG) programme which is provided at its Regional Centres for Attention and Reparation to Victims.

While existence of this reparations programme is commendable, in practice its design and scope are not sufficiently responsive to the needs and wishes of male victims/survivors of

⁵⁰ UN Secretary-General, *Guidance Note: Reparations for Conflict-related Sexual Violence*, June 2014, <https://www.unwomen.org/en/docs/2014/6/reparations-for-conflict-related-sexual-violence>.

⁵¹ ASP’s focus countries are currently Afghanistan, CAR, Colombia and Ukraine. There are commitments to develop a reparations programme specifically for victims/survivors of CRSV in Ukraine under the Framework on cooperation between the Government of Ukraine and the UN on prevention and response to conflict-related sexual violence and in the meantime plans to provide urgent interim reparations are underway.

CRSV and those reparations provided under it are often not accessible to them. Many male victims/survivors have not registered with the Victims Unit and those that do are often registered for other forms of human rights abuse (such as forced displacement) because they were unwilling or unable to disclose that they had experienced CRSV.⁵² This has implications for whether they receive reparations at all or whether they can access psychosocial support and other reparative measures including compensation, specifically designed for CRSV victims/survivors.

In response to acknowledged weaknesses of PAPSIVI, the programme is being reformed. In the meantime, victims/survivors and others interviewed by ASP in 2022 pointed to weaknesses in the model which is based on the temporary deployment of mobile teams, typically comprising a professional healthcare and psychosocial worker, and a community health outreach worker, to conflict-affected areas which resulted in a lack of availability and continuity of care and that sessions (both in terms of number of sessions and content) offered under it are too general to effectively address the multiple harms typically resulting from CRSV, and are not tailored to specific harms that may be experienced by male victims/survivors. Concerns have also been raised about the Victims Unit's EREG programme which, although it provides support for victims/survivors focused on addressing shame, stigma and other psychosocial impacts of CRSV, has limited geographic reach and the model of group sessions was criticised by some victims/survivors who felt uncomfortable sharing their experiences of sexual violence with others.⁵³

End

⁵² Victims/survivors described multiple barriers to engaging in the lengthy and bureaucratic process of registering for reparations including lack of knowledge and understanding of the process, fear about physical security, discomfort in disclosing to public officials what had happened to them, and fear of stigma and shame if it became known by others in their community that they were victims/survivors of CRSV.

⁵³ ASP, *Enhancing Survivor-centred Healthcare for Male Victims of Conflict-related Sexual Violence in Colombia*, forthcoming.