



# GENDER-BASED VIOLENCE IN A FORGOTTEN CONFLICT

RECOMMENDATIONS FOR THE CENTRAL AFRICAN REPUBLIC



THE ESCALATION OF HOSTILITIES IN THE CENTRAL AFRICAN REPUBLIC (CAR) IS THE LATEST IN A SERIES OF CRISES THAT HAVE AFFECTED THE COUNTRY SINCE 1996. FIGHTING OVER RECENT MONTHS BETWEEN THE MILITARY AND SELEKA MILITANTS HAVE FORCED LARGE NUMBERS OF PEOPLE, PARTICULARLY WOMEN AND CHILDREN, TO LEAVE THEIR HOMES AND LIVELIHOODS. WOMEN, GIRLS AND BOYS CONTINUE TO BE ASSOCIATED WITH MANY OF THE POLITICAL-MILITARY GROUPS AS COMBATANTS, SEX SLAVES AND FOR LABOR.

Various inter-agency assessments<sup>1</sup> make it clear that gender-based violence (GBV) continues to be pervasive in CAR, particularly sexual violence, early/forced marriage, and domestic violence. Protection assessments have identified many incidents of GBV including collective rape of women and girls by armed groups, as well as a high frequency of sexual and domestic violence within communities.

Now is the time to create and implement a plan to comprehensively address GBV. The global Gender-based Violence Area of Responsibility (GBV AoR), under the protection cluster, joins other humanitarian partners in calling for parties to the conflict to respect their obligations to protect civilians and to honor their previous commitments regarding the protection of human rights, including ending GBV. In this briefing paper, the AoR outlines steps that must be taken in the near and longer term to more effectively prevent and respond to GBV in CAR.<sup>2</sup>

## CHALLENGES TO ADDRESSING GBV IN CAR

In CAR, as in many countries, the stigma associated with GBV fuels a culture of silence and denial. The pervasive belief that GBV is inevitable contributes to a culture of acceptance, where survivors pay the price.

Insecurity and lack of infrastructure are persistent problems that create irregular access to large parts of the country. The resumption of conflict and the presence of armed groups have rendered many zones inaccessible, impeding effective responses. There is an urgent need for disarmament, demobilization and reintegration (DDR) of children and adults formerly associated with and used by armed groups, and security sector reform (SSR).

There is a shortage of qualified agencies and staff that can implement GBV programs outside of the capital. This is further hampered by the high turnover of international staff and many vacancies in humanitarian programs.

Limited or no access to health care, psychosocial support, livelihoods and education disproportionately affects women and girls, exacerbates their risks, and prevents survivors from rebuilding their lives.

- Healthcare is usually the first point of entry for survivors, but in CAR, the health system is weak and insufficiently engaged, including limited availability of post-exposure prophylaxis (PEP) to prevent HIV, counseling and psychosocial support.

<sup>1</sup> *General Report of the Secretary-General on the situation in the Central African Republic and on the activities of the United Nations Integrated Peacebuilding Office in that country*, United Nations Security Council (S/2012/956), 21 December 2012 ; *Joint Communiqué of the Government of the Central African Republic and the United Nations*, Bangui, 12 December 2012. Protection assessments carried out in late December 2012 and early 2013 in areas affected by armed conflict.

<sup>2</sup> All recommendations are in line with the new protection strategy recently adopted by the CAR Protection Cluster.

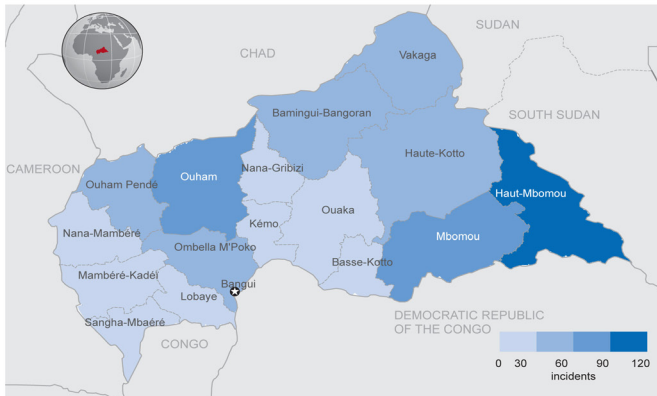
**571** incidents<sup>1</sup> have been recorded in CAR during the last three years

**4** persons were killed **EVERY WEEK** in attacks over the last three years (on average)

**1** person was attacked **EVERY DAY** in the first quarter of 2013 (on average)

Access monitoring update in the first quarter of 2013

The number of attacks has been dramatically on the rise during the first quarter of 2013 as a result of the volatility of the security situation in the country. A total of 91 attacks were registered for the first quarter of 2013. Of those attacks, 61 percent were attributed to armed groups. The analysis shows that two persons died in every attack in 2013, while on average it is one person killed in every attack over the last three years. This ascending trend of attacks and deaths is likely to keep increasing until the political and security situation stabilizes. Worth mentioning, several cases of violence against personnel/assets are missing due to lack of access.



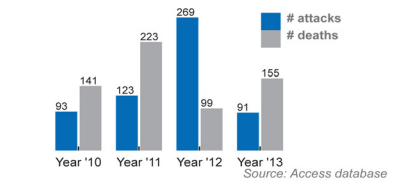
Three access constraints have been selected in the Central African context.  
 Access constraint 1: active hostility - including abduction, armed clashes, looting, hijacking, withdrawal of humanitarian personnel, suspension of humanitarian activities and ambush.  
 Access constraint 2: violence against personnel/asset - abduction, harassment, detention, intimidation, threat, demonstration, as well as assassination and hijacking  
 Access constraint 3: physical environment and lack of infrastructure: bridge broken/destroyed, poor road conditions, road blocked/destroyed, district inaccessible

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.  
 Creation date: 07 May 2013 Sources: UNDSS, OCHA, UNHCR, BINUCA Feedback: mounkara@un.org www.hdptcar.net www.unocha.org www.reliefweb.int

Number - trend of attacks in 2012-2013



Number of attacks vs Number of death in 2010-2013



- Inadequate livelihoods opportunities force women and girls to resort to risky behaviors such as exploitative transactional sex.
- Weaknesses in the education sector also heighten GBV-related risks for girls. In many locations in CAR, schools are only operational for a fraction of the year. Girls formerly associated with armed groups are in particular need of education and training opportunities as well as access to livelihoods programming.
- The judicial system has collapsed in most parts of the country due to internal armed conflicts, resulting in widespread impunity for perpetrators of sexual violence. Legislation on sexual violence is not well known or applied, forcing many survivors and their families to rely on traditional justice systems. In some cases, this means that survivors are forced to marry their perpetrators.

**URGENT ACTION REQUIRED**

The GBV AoR calls on all humanitarian partners and donors, national authorities and other actors to come together to scale up efforts to prevent and respond to GBV across all sectors. Key actions that must be taken in the immediate and longer term include:

1. Include essential life-saving GBV prevention and response activities in all emergency humanitarian appeals developed in response to the current fighting.
2. Enable safe and unhindered access to humanitarian assistance by the civilian population, including the security of humanitarian workers and assets.
3. Restore security and rule of law in order to enable civilians to resume their daily lives. This includes refraining from any actions that would prevent freedom of movement or provoke further forced displacement, and preventing the destruction, looting and pillaging of housing, farm lands and public buildings. Explore transitional justice mechanisms while longer term capacity building efforts are undertaken.
4. Ensure a comprehensive and integrated response to GBV across the country. More short and longterm funding is needed to operationalize appropriate prevention and response activities across all program sectors consistent with the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Better collaboration between the government, UN agencies and NGOs is necessary to implement effective strategies for addressing GBV. The Protection Cluster has drafted national standard operating procedures on GBV prevention and response, and UN agencies and NGOs must work closely with the government to adopt them.

5. Deploy personnel with expertise in addressing GBV in conflict-affected settings is essential to strengthen the capacity of CAR's national institutions to integrate GBV prevention and response into all sectors.
6. Reinforce and create community capacity for prevention and response among women's networks/organizations. Build community capacity to prevent GBV and to support and refer survivors to quality health and psychosocial services, including support for reintegration and/or income-generation through new and existing community protection committees.
7. Provide funds to strengthen the national health system, expand health services, and train actors in providing appropriate services for sexual violence survivors. This includes health services as an entry point to psychosocial, socio-economic, and legal support through non-stigmatizing, integrated safe spaces for women and girls.
8. Strengthen and expand counseling, case management, and other psychosocial support for survivors. Training in peer counseling and case management should be provided to organizations that have access to survivors – particularly in remote- and conflict-affected areas.
9. Strengthen the integration of GBV prevention and response into ongoing disarmament, DRR and SSR initiatives. The specific needs of women and girls should be taken into account and GBV prevention and response should be reinforced in all aspects of adult- and child-DDR and SSR. GBV training for security actors should be included as a core part of adult- and child-DDR and SSR programming. Such training should include a Code of Conduct, zero tolerance for sexual exploitation and abuse, and disciplinary measures. The CAR Protection Cluster and other actors should be fully engaged in these efforts.
10. Prevent the recruitment and use of girls and boys by armed groups and enable the release and reintegration of girls and boys, and as well as men and women, who were forcibly recruited while minors.
11. Integrate socio-economic support into all aspects of the response. Livelihoods opportunities are critical for GBV prevention and can also be an entry point to addressing survivors' needs as they are more likely to seek support if their basic needs have been met. Socio-economic opportunities should not isolate and target survivors, but place special emphasis on the most vulnerable, both male and female. Care must be taken to ensure that focusing on their needs does not lead to backlash or contribute to stigma.
12. Raise awareness of CAR decision-makers, press and the public on GBV. Strengthen alliances between the CAR press and relevant ministries and humanitarian partners to bolster their capacity to report on the magnitude and impact of GBV in the context of the crisis. GBV-related awareness-raising must target the general population as well as decision-makers and civil society leaders in order to contribute towards ending the culture of silence, stigma, and denial that exists around GBV.
13. Ensure safe and ethical data collection. In line with international standards, promote safe and ethical collection of GBV-related data for improved programming and advocacy through the implementation of the Gender-based Violence Information Management System (GBVIMS). The GBVIMS will be piloted by some members of the Protection Cluster in CAR in 2013.
14. Advocate among high-level government and UN officials to send a clear message that the perpetration of sexual violence and other forms of GBV is unacceptable.

