

Rapid assessment of the impact of the COVID-19 pandemic on male survivors of sexual violence in Afghanistan

All Survivors Project and Youth Health and Development Organization in Afghanistan

19 June 2020

All Survivors Project

All Survivors Project (ASP) is an international human rights non-governmental organisation that undertakes research and action on conflict-related sexual violence against men and boys, including those with diverse sexual orientations, gender identities and/or gender expressions (SOGIEs). ASP seeks to expand its work to include other populations with diverse SOGIEs. ASP works in support of global efforts to prevent sexual violence and strengthen responses to it.

Youth Health and Development Organization

Youth Health and Development Organization (YHDO) is a non-governmental organisation that works to empower youth and survivors of violence so they can exercise their rights in all spheres of their life.

June 19 marks the International Day for the Elimination of Sexual Violence in Conflict, which commemorates the adoption of the 2008 UN Security Council resolution 1820 that condemns sexual violence as a tactic of war and frames it as a serious impediment to peacebuilding. In 2020, conflict-related sexual violence (CRSV), the vulnerabilities experienced by survivors, and the capacity of organisations to respond and provide protection and support for survivors, are being dramatically affected by the COVID-19 pandemic.ⁱ

Emerging data suggests that, globally, the COVID-19 pandemic is leading to an increase in violence against women and girls, particularly intimate partner violence and other forms of domestic violence.ⁱⁱ Quarantines, lockdowns and other restrictions on movement have exacerbated existing structural, economic

and sociocultural drivers of violence and have limited survivors' access to services and ability to report violence.ⁱⁱⁱ Although data in Afghanistan is limited, in a recent assessment conducted by Oxfam in 607 households in five provinces, 97% of women interviewed stated that violence against women has increased since lockdown measures began.^{iv}

Although evidence of the effects of COVID-19 on violence against women and girls is being increasingly documented, much less is known about such experiences among men and boys, including those with diverse sexual orientations, gender identities and/or gender expressions (SOGIEs).^v Yet CRSV involving males has been documented in at least 30 different conflict-affected states in recent decades, impacting many thousands of men and boys.^{vi} Research to date shows that men and boys are vulnerable to both opportunistic and targeted sexual violence in situations of armed conflict and that it is often aimed at punishing, humiliating, terrorising and repressing victims and their communities. Particular vulnerability factors can include political affiliation, religion, ethnicity, age, disability and socio-economic status. Acts of CRSV may also be directed at punishing non-compliance with gender norms, such that a person's real or perceived SOGIEs creates a particular vulnerability that can also intersect with other vulnerability factors.

In June 2020, All Survivors Project (ASP) and Youth Health and Development Organization (YHDO)

conducted a rapid assessment of the impact of COVID-19 on male survivors of CRSV in Afghanistan. YHDO conducted eight qualitative interviews with one YHDO outreach worker and seven male survivors of CRSV in three provinces of Afghanistan: Balkh, Kabul and Kandahar. Interviewees were asked about the impact of COVID-19 on male survivors' access to livelihoods and health services, and on their experiences of violence. Survivors also described the experiences of friends and other survivors in their communities. Although the results of the rapid assessment are not representative of the experiences of all male survivors in the three sampled provinces, nor in other parts of the country, they do highlight concerning findings about the increased vulnerability experienced by male survivors of sexual violence during the COVID-19 pandemic.

Sexual violence against men and boys, including through bacha bazi occurred prior to the COVID-19 pandemic, but male survivors are now experiencing new vulnerabilities

CRSV against boys and young men in Afghanistan often occurs through the abusive practice of *bacha bazi*, meaning 'boy for play', in which boys are dressed as girls, perform and dance for men, and are sexually harassed and often raped. The practice is usually perpetrated by powerful commanders or armed actors, including from the Afghan National Defence and Security Forces and non-state armed actors.^{vii} The vulnerability of boys and young men to sexual violence and abuse, including through *bacha bazi*, has been linked to poverty, whereby boys and young men are often coerced or forced into the practice in order to support their own and their families' livelihoods.^{viii} This locks them into a cycle of economic dependency and abuse where they rely on income from 'dancing' and performing, which puts them at risk of further sexual violence.

Some survivors interviewed for the rapid assessment reported less participation in sexually abusive practices such as *bacha bazi* during the COVID-19 pandemic due to lockdown and social distancing measures that have shut down locations typically used for these practices. However, other survivors reported a continuation of sexually abusive practices that have been displaced to new locations where different types of risks occur, in some cases with violence being perpetrated by new types of actors.

Armed government actors, including police and law enforcement officials, and other powerful actors continue to perpetrate CRSV against male survivors. However, several survivors in Kabul and Balkh provinces reported that during the COVID-19 lockdown, sexual violence is increasingly taking place in more private, isolated locations with smaller groups of perpetrators. Although sexual abuse of *bachas*, including rape, also occurred in large 'parties' prior to COVID-19, the risk has increased in these smaller, more isolated locations, which are often situated far from city centres. Survivors described being raped by multiple actors in these settings and having fewer options for protection or escape. Survivors are also unable to report the violence they experience or seek justice given that police are often key perpetrators.

Male survivors also described that sexual violence was being perpetrated by new actors during the COVID-19 pandemic. Unemployment and the need to maintain livelihoods for themselves and their families have led survivors to seek income-generating activities on the streets, including in sex work or low-paid menial work. Several survivors who had rented private rooms in guesthouses or hotels prior to the pandemic also described how they and their friends were being forcibly evicted due to fears from landlords of COVID-19 infection and subsequent quarantine measures. Working or living in the streets has placed male survivors at more risk of rape and sexual violence, both from the general public and employers.

Survivors reported that wider economic instability and poverty as a result of the COVID-19 pandemic have led to new types of abuse, including economic, physical and emotional abuse. When performing as bachas, survivors reported being denied payment or being paid a fraction of the owed payment, being robbed of their money, mobile phones and other possessions after being raped, and in some cases being beaten. Two survivors also reported heightened emotional abuse from family members due to economic stress and their inability to continue providing their families with adequate livelihood support.

Male survivors had limited access to health services before the COVID-19 pandemic – this has been exacerbated and is linked to multiple negative health outcomes

Prior to the COVID-19 pandemic, male survivors of sexual violence faced multiple barriers to seeking safe and quality health services, including stigma and discrimination from healthcare providers. Interviewees also described breaches of confidentiality, in some cases leading to the release of test results for HIV and other sexually transmitted infections (STIs) to friends and family members. This has led to deep distrust in the public health sector.

Despite these barriers, survivors reported having used health services in the past to access sexual health services, including obtaining condoms and having routine HIV and STI testing, and seeking medical assistance for general health problems.

During the COVID-19 pandemic, fears of contracting the coronavirus and lessened availability of services have further exacerbated barriers to survivors' access to healthcare, leading to multiple negative health outcomes. HIV-positive men and boys, and those with other types of STIs, have reduced access to treatment, and survivors are less frequently able to obtain testing for HIV and other STIs. Reduced access to treatment, including post-exposure prophylaxis, puts men and boys experiencing sexual violence and abuse at further risk of contracting an STI. Survivors described deteriorating mental health and increased substance abuse as a result of the increase in violence they have experienced and livelihoods they have lost, which have worsened with diminishing access to psychosocial support.

Reduction in risks for some male survivors of sexual violence during COVID-19 underscores the need for ongoing and targeted health and protection services which could shrink due to the pandemic

The few survivors who described experiencing reduced vulnerability to violence during the COVID-19 pandemic were once sexually abused while being forced to practice bacha bazi but are no longer locked into cycles of abuse and had returned to education or non-violent forms of livelihoods prior to the onset of the COVID-19 pandemic. These survivors described YHDO's role in providing health and psychosocial support and protection as critical to ending cycles of sexual abuse.

Although these examples illustrate the importance of dedicated health and protection services for male survivors of sexual violence, they also point towards possible vulnerabilities in a COVID-19 pandemic environment. In provinces with higher numbers of COVID-19 cases, the reach of vital services such as those provided by YHDO may shrink in response to quarantine and lockdown measures, and reduction in funding as resources are directed towards fighting the coronavirus. Although the health, psychosocial, vocational training and livelihoods support provided by organisations like YHDO have assisted some survivors to exit situations of sexual violence and abuse, diminishing support could weaken the important advancements made and place survivors at renewed risk.

Recommendations

Inclusive and gender specific humanitarian response is urgently required

- Safeguard the provision of social and livelihood support for all survivors of CRSV in Afghanistan, including men and boys. Measures should be taken to prioritise the provision of health and psychosocial support services given enhanced needs during the COVID-19 pandemic.
- Urgently address barriers to screening and service provision for male survivors of sexual violence, including ensuring that essential services such as post-exposure prophylaxis and psychosocial support are maintained.
- Safeguard the provision of referral pathways, including by ensuring that first responders, crisis hotlines, and civil society actors as well as intermediaries connecting survivors of sexual violence to legal channels, crisis support and safety planning, are supported and provided adequate training and funding to find innovative and safe ways to ensure gender specific service provision is maintained.

Safe and ethical monitoring of sexual violence should continue

- It is vital that those engaged in monitoring, reporting and documentation of CRSV are urgently trained to explore options for remote verification of incidents of violence. Monitoring activities should not expose survivors and witnesses, including children and families, community members or child protection actors, to the risk of spreading the COVID-19 virus.
- Security, privacy and confidentiality of survivors and witnesses and ethical considerations should be prioritised in documenting and verifying information provided by survivors of sexual violence.
- Development and remote roll-out of gender specific training tools to conduct safe and ethical documentation of cases of CRSV against all survivors should be prioritised.

Access to justice should be maintained

- Develop specific mitigation plans and measures to ensure rule of law and accountability for sexual violence as part of the overall COVID-19 response. Alternative and/or additional sites to receive reports on incidents of sexual violence should be identified bearing in view different stigmas and safety concerns experienced by male and female survivors. Steps should be taken to ensure access to justice to victims/survivors and measures to secure and preserve evidence should be considered.

Endnotes

- i UN, "The impact of COVID-19 on survivors of conflict-related sexual violence," <https://www.un.org/en/observances/end-sexual-violence-in-conflict-day>
- ii UN Women, COVID-19 and Ending Violence against Women and Girls, <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>; <https://reliefweb.int/sites/reliefweb.int/files/resources/impact-of-covid-19-on-violence-against-women-and-girls-and-service-provision-en.pdf>
- iii Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, "Implications of COVID-19 for the Prevention of and Response to Conflict-Related Sexual Violence," 22 May 2020, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/implications-of-covid-19-for-the-prevention-of-and-response-to-conflict-related-sexual-violence/20200602-OSRSG-SVC-POLICY-BRIEF-IMPLICATIONS-OF-COVID-19-ON-CRSV-AGENDA.pdf>
- iv Oxfam, A New Scourge to Afghan Women: COVID-19, April 2020, https://cng-cdn.oxfam.org/asia.oxfam.org/s3fs-public/file_attachments/COVID%2019.%20A%20New%20Scourge%20to%20Afghan%20Women_OXFAM.pdf
- v Kiss L, Quinlan-Davidson M, Ollé Tejero P, Pasquero L, Hogg C, Zimmerman C, The health of male and LGBT survivors of conflict-related sexual violence, All Survivors Project, 2020, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/04/ASP-Report-Health-of-male-and-LGBT-survivors-April-2020-final.pdf>
- vi These include Afghanistan, Bosnia and Herzegovina (BiH), Burundi, Central African Republic (CAR), Colombia, Côte d'Ivoire, Democratic Republic of the Congo (DRC), El Salvador, Guatemala, Indonesia/Timor-Leste (with reference to incidents documented during Indonesia's occupation of Timor-Leste from 1975 to 1999), Iraq, Israel, Liberia, Libya, Mali, Myanmar, Niger, Nigeria, Peru, Russian Federation (Chechnya), Rwanda, Sierra Leone, Somalia, South Sudan, Sri Lanka, Sudan (Darfur), Syria, Uganda, Ukraine (including the Autonomous Republic of Crimea) and Yemen. Sexual violence against men and boys has also been reported in situations of political violence or repression such as in Argentina, Chile, Kenya, South Africa and Venezuela.
- vii See UN Secretary-General Reports on Children and Armed Conflict and on Sexual Violence in Conflict, 2015-2020, <https://childrenandarmedconflict.un.org/> and www.un.org/sexualviolenceinconflict/digital-library/reports/sg-reports/
- viii Afghanistan Independent Human Rights Commission (AIHRC), Causes and Consequences of Bacha Bazi in Afghanistan, National Inquiry Report, August 2014, https://www.aihrc.org.af/home/research_report/3324