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Responding to conflict-related sexual violence against boys associated with armed groups during the process of reintegration in Colombia



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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 and boys. For more information visit: <https://allurvivorsproject.org/>.
 - 2 The Colombian Institute for Family Welfare is the national-level child protection entity. It is also the Colombian State entity responsible for the restoration of the rights of children who are released from organised illegal armed groups.
 - 3 COALICO is a network of national and international civil society organisations that works to promote the rights of CAAFAG and other children/young people affected by armed conflict in Colombia. COALICO is currently composed of: *Asociación Cristiana Menonita para Justicia, Paz y Acción Noviolenta* (JUSTAPAZ); *Benposta Nación de Muchach@s*; *Centro de Desarrollo Psicosocial - Taller de Vida*; *Corporación Vínculos*; *Defensa de Niñas y Niños Internacional* (DNI Colombia); *Fundación Creciendo Unidos* (FCU); and *Servicio Jesuita a Refugiados Colombia* (JRS/COL).

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* The views expressed in this document do not imply endorsement of its content by the Secretariat of the United Nations.

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Acronyms

AGC	Clan del Golfo (also known as Gaitanist Self-Defense Forces of Colombia, <i>Autodefensas Gaitanistas de Colombia</i>)
AoR	Area of Responsibility
ARN	Agency for Reincorporation and Normalisation (<i>Agencia para la Reincorporación y Normalización</i>)
ASP	All Survivors Project
AUC	United Self-Defence Forces of Colombia (<i>Autodefensas Unidas de Colombia</i>)
CAAFAG	Children associated with armed forces or armed groups
CAAC	Children and Armed Conflict
CIPRUNNA	Intersectoral Commission for the Prevention of Forced Recruitment, Sexual Abuse and Violence against Boys, Girls and Adolescents by Illegal Armed Groups and Organised Criminal Groups (<i>Comisión Intersectorial para la Prevención del Reclutamiento, el Uso, Utilización y la Violencia Sexual en contra de Niños, Niñas y Adolescentes por Grupos Armados Organizados y por Grupos Delictivos Organizados</i>)
CODA	Operative Committee on Laying Down Arms (<i>Comité Operativo para la Dejación de Armas</i>)
COALICO	Coalition against the Involvement of Boys, Girls and Youth in the Armed Conflict in Colombia (<i>la Coalición contra la Vinculación de Niños, Niñas y Jóvenes al Conflicto Armado en Colombia</i>)
CNMH	National Centre for Historical Memory (<i>Centro Nacional de Memoria Histórica</i>)
CRC	Convention on the Rights of the Child
CRSV	Conflict-related sexual violence
EPS	Health Promoting Entity (<i>Entidad Promotora de Salud</i>)
ELN	National Liberation Army (<i>Ejército de Liberación Nacional</i>)
FARC-EP	Revolutionary Armed Forces of Colombia – People’s Army (<i>Fuerzas Armadas Revolucionarias de Colombia – Ejército del Pueblo</i>)
FGD	Focus group discussion
GBV	Gender-based violence
ICBF	Colombian Institute for Family Welfare (<i>Instituto Colombiano de Bienestar Familiar</i>)
ICC	International Criminal Court
MHPSS	Mental health and psychosocial support
MRM	Monitoring and Reporting Mechanism
OPAC	Optional Protocol to the CRC on the involvement of children in armed conflict
OSRSG CAAC	Office of the Special Representative of the UN Secretary-General for Children and Armed Conflict
PTSD	Post-traumatic stress disorder
RAG	Research Advisory Group
SJP	Special Jurisdiction for Peace (<i>Jurisdicción Especial para la Paz</i>)
UNICEF	UN Children’s Fund

Key definitions

CHILD

In accordance with the Convention on the Rights of the Child (CRC) a child is every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.⁴

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.⁵

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.⁶

CHILD REINTEGRATION

Is the process through which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation. Sustainable reintegration is achieved when the political, legal, economic and social conditions needed for children to maintain life, livelihood and dignity have been secured. This process aims to ensure that children can access their rights, including formal and non-formal education, family unity, dignified livelihoods and safety from harm.⁷

4 Convention on the Rights of the Child (1990), Article 1.

5 The Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (Paris Principles), February 2007, Paragraph 2.1, available at: <https://childrenandarmedconflict.un.org/wp-content/uploads/2016/04/The-Paris-Principles-En-1.pdf>.

6 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>.

7 Paris Principles (previously cited), para. 2.8.

RESTORATION OF THE RIGHTS (OF CHILDREN)

Is the term used by the Colombian State to refer to the administrative and judicial processes “that must be undertaken for the restoration of the rights of boys, girls and adolescents that have been violated, threatened or not observed”, which includes children formerly associated with armed groups.⁸ It is defined in law as the “restoration of their dignity and integrity as subjects and their capacity to effectively enjoy the rights that were violated.”⁹

8 ICBF, Technical Administrative Guideline for the Route of Actions for the Restoration of the Rights of Boys, Girls and Adolescents whose Rights are Not Observed, Threatened or Violated. (*Lineamiento Técnico Administrativo de Ruta de Actuaciones para el Restablecimiento de Derechos de Niños, Niñas y Adolescentes con sus Derechos Inobservados, Amenazados o Vulnerados*), 31 August 2016, p. 12, available at: https://www.icbf.gov.co/sites/default/files/procesos/lm3.p_lineamiento_tecnico_ruta_actuaciones_para_el_restablecimiento_de_derechos_nna_v1.pdf (hereinafter Technical Guideline on Restoration of Rights).

9 Law 1098 of 2006, Article 50.

Executive summary

Thousands of children have been recruited and used by armed groups in Colombia since armed conflict first broke out there in the early 1960s.¹⁰ Although many have been released over the years, armed groups continue to rely heavily on boys and girls whose association with those groups exposes them to multiple dangers, including to conflict-related sexual violence (CRSV).

CRSV against girls associated with armed groups is known to be prevalent. Many have been recruited and used for sexual purposes or subjected to CRSV in the course of their association with armed groups. However, CRSV against boys has also been documented with evidence showing that boys have been subjected to CRSV during recruitment and use or as a form of punishment for refusing to join an armed group. During their association with armed groups, boys also have been subjected to rape and other forms of sexual violence or forced to participate in or witness acts of CRSV against others.¹¹

The physical, mental and other harms resulting from CRSV are profound and often long-lasting. These can be exacerbated by the disruption to children's lives and other traumas experienced during association with armed groups, including loss of contact with family and friends and high levels of exposure to violence, from which recovery requires specialised care and support.

This report looks at how the Colombian authorities have responded to these harms, focusing specifically on the Specialised Care Programme implemented by the Colombian Institute for Family Welfare (*Instituto Colombiano de Bienestar Familiar*, ICBF).¹² Since its establishment in 1999, the Specialised Care Programme has supported the restoration of rights of over 7,500 children released from or who left armed groups through various modalities of residential care or in some cases following return to their families.¹³

Among the children who have passed through the programme since 1999 at least 274 identified as being victims/survivors of CRSV. They include 38 boys who either disclosed or were identified as having been exposed

10 Children have also been used for intelligence and other military purposes by State security forces but to a much more limited extent.

11 See for example, Commission for the Clarification of Truth, for Coexistence and Non-Repetition (Truth Commission), Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (*Informe Final, "Hay Futuro Si Hay Verdad", No es un Mal menor. Niñas, Niños y Adolescentes en el Conflicto Armado*), August 2022, available at: <https://www.comisiondelaverdad.co/no-es-un-mal-menor>; Truth Commission, Final Report, Chapter on Women and LGBTIQ+ People, Case: Sexual Violence against Men in the Context of the Armed Conflict (*Informe Final, Capítulo de Mujeres y personas LGBTIQ+, Caso «Violencias Sexuales contra Hombres en el Marco del Conflicto Armado»*), 2022, available at: <https://www.comisiondelaverdad.co/caso-violencias-sexuales-hombres> and Special Jurisdiction for Peace (SJP), Macro-case 7 on the recruitment and use of girls and boys in the armed conflict; SJP, Chamber for the Acknowledgement of Truth, Responsibility and the Determination of Facts and Conduct, Order 075 of 2022, No. SRVR-LRG-T-075-2022, available at: https://jurinfo.jep.gov.co/normograma/compilacion/docs/auto_srvr-lrg-t-075-2022_08-abril-2022.htm.

12 The full title of the programme is Specialised Care Programme for the Restoration of the Rights and Contribution to the Process of Reparation of Boys, Girls and Adolescent Victims of Illegal Recruitment who are Released from Organised Illegal Armed Groups (*Programa de Atención Especializada para el Restablecimiento de Derechos y Contribución al Proceso de Reparación Integral de Niñas, Niños y Adolescentes Víctimas de Reclutamiento Ilícito, que se han Desvinculado de Grupos Armados Organizados al Margen de la Ley*).

13 The figure of 7,500 is based on ICBF figures as of December 2023, available at: https://public.tableau.com/shared/BDZ8YM543?:display_count=n&orig_in=viz_share_link. The three main modalities of care under the Specialised Care Programme are protection houses (*casa de protección*) accommodating up to 60 children, foster homes (*hogar sustituto tutor*) for smaller numbers – usually one or two children, and home management (*hogar gestor*), in which the child is returned to their family and supported there.

to sexual violence, a figure which represents less than 1% of the 5,276 boys who have participated in the programme but which, as the research revealed, may not represent the real number.¹⁴

Through analysis of relevant policies and guidelines, and interviews and focus group discussions (FGDs) with 73 key stakeholders from the ICBF, its implementing partners and other NGOs, and men who were recruited by armed groups as children, the research explored the strengths and weaknesses of responses to CRSV by the Specialised Care Programme and associated services. It also looked at ways in which boys who may have been exposed to CRSV could be more systematically identified and provided with timely, safe, ethical, and gender-sensitive support as part of broader efforts to strengthen responses to children recruited and used by armed groups who are also victims/survivors of CRSV. The findings are intended to contribute to the assessment and revision of the Specialised Care Programme currently being undertaken by the ICBF by setting out the following challenges, gaps and recommendations for consideration.¹⁵

Facilitating safe disclosure of CRSV by boys. Research participants were concerned about the possibility that many boys in the Specialised Care Programme may have suffered CRSV but were not identified as being victims/survivors and may therefore not have received the specialised care and support that they required. They noted that fear of reprisal, intense shame and stigma, and fear of being perceived as homosexual often deter disclosure of CRSV by male victims/survivors, but that children formerly associated with armed groups can face additional barriers to disclosure including a deep distrust of state institutions and of their representatives.¹⁶ Additionally, experiences within armed groups can reinforce highly gendered stereotypes around masculinities and male invulnerability which may cause boys to repress their feelings and discourage them from asking for help.

The need to better facilitate disclosure during preliminary interviews with children entering the programme and during the process of statement-taking for registration as a victim of the conflict (and therefore for reparation) was recognised. However, research participants generally considered that these formal processes are not necessarily well suited to encouraging disclosure of CRSV by children. Rather they emphasised the need to create opportunities throughout their participation in the programme. They particularly stressed the importance of taking time to build trusting relationships between children and their carers or others involved in implementing the programme, and of creating spaces through leisure and other activities to foster an enabling environment in which they can begin talking about CRSV and other traumatic experiences.

14 ICBF, Information system of the Specialised Care Programme, as of 31 October 2023. ICBF figures shared with ASP.

15 The study on the Specialised Care Programme is being undertaken with the support of UNICEF. See ICBF and UNICEF, Study on the Characterisation of Children Released from Organised Armed Groups in Colombia (2013-2022), (*Estudio de Caracterización de Niñez Desvinculada de Grupos Armados Organizados en Colombia (2013-2022)*), 2023, available at: <https://www.unicef.org/colombia/documents/estudio-de-caracterizacion-ninez-desvinculada>.

16 Homosexuality and perceived lack of masculinity are often subjects of significant stigma and discrimination, including in Colombia. These societal prejudices manifest in numerous ways, reflecting deeply ingrained stereotypes and cultural norms that marginalise individuals who do not conform to conventional gender expectations.

Supporting boys and child protection practitioners to recognise and understand experiences of CRSV.

Research participants noted that girls are often more aware than boys of when an act of sexual violence has been committed against them, and that certain forms of violence when committed against boys are often not recognised as being an act of sexual violence. Examples given included being forced to strip during military training exercises or being touched in a sexual manner, which, according to research participants, is more likely to be understood by girls as a form of sexual violence, whereas boys are more likely to see it as a part of life within an armed group. While stressing the importance of avoiding telling a child that they are a victim of CRSV, research participants suggested that processes of sensitisation and psychosocial accompaniment, adopting a gender-sensitive approach, are needed within the Specialised Care Programme through which boys can explore their experiences and understand them in relation to their physical integrity and autonomy. It was also evident that ongoing training of all those involved in implementing the Specialised Care Programme is needed to ensure that misconceptions regarding male-directed sexual violence are addressed.

Strengthening guidance and training. The practical implementation of the Specialised Care Programme is governed by ICBF guidelines, including guidance specific to the programme and more general guidance on responding to children who have suffered sexual violence as well as on psychosocial support to child victims of the armed conflict.¹⁷ Although comprehensive and generally gender-sensitive, scope for improving the guidelines was identified which, if addressed, could help those implementing the programme tailor support to the specific needs of children released from armed groups who are also victims/survivors of CRSV. In particular, more detailed gender-specific guidance on responding to sexual violence against boys should be considered. Likewise, specific guidance on responding to CRSV experienced by children associated with armed groups would be beneficial including because it can take forms that are less common in other settings, and because the cumulative harms resulting from the broader experience of recruitment and use by armed groups need to be addressed simultaneously. Research participants involved in the implementation of the Specialised Care Programme were also keen to receive more training to enhance their understanding of CRSV against children, including boys, and on how to recognise and care appropriately for victims/survivors.

Creating capacity for specialised mental health care and psychosocial support within the Specialised Care Programme. The need to scale up the capacity of the Specialised Care Programme to provide the level of specialised support needed to address the complex mental health and psychosocial needs of children, including those who have experienced CRSV, was identified as a priority. Although ICBF regional offices include social workers and psychologists and some psychosocial support is provided by NGO implementing partners, resources are thinly stretched and children requiring specialised mental health care have to be referred to the health sector where lengthy waits for appointments are common and concerns about the quality of care have been raised. Faced by these constraints, participants suggested that the capacity to provide specialised mental health care should be developed within the programme itself.

¹⁷ The specific guidelines referred to are ICBF's 2022 Technical Guideline of the Specialised Care Programme, 2018 Technical Guideline on Sexual Violence, and the 2022 Technical Guideline on Psychosocial Accompaniment.

Duration of support. Research participants agreed that, given the complexity of needs, long-term support for victims/survivors of CRSV (both boys and girls) is required for their full recovery and reintegration. Reflections will be needed on how this may be achieved either within the programme, through longer-term community-based follow-up support, or through other routes, for example, as part of the domestic reparations programme or, for those who have turned 18 years old, through ensuring specialised support with the Agency for Reincorporation and Normalisation (*Agencia para la Reincorporación y Normalización, ARN*).¹⁸

Strengthening family reintegration. It was recognised that children's reintegration with their families should be prioritised and that protection measures, including placement in residential care, should be temporary and transitional. However, the home management modality of care, in which children are returned to and supported within their families, is the least used of Specialised Care Programme modalities. The reasons for this include ongoing insecurity which prevents the safe return of many children to their communities in many parts of the country. Nevertheless, a recent study by ICBF and UNICEF of the Specialised Care Programme recommended that family contact and reintegration be strengthened.¹⁹ This was identified by participants in this research as particularly important for child victims/survivors of CRSV who should be accompanied in their reintegration process by their families who require support to understand what has occurred and provide them with the knowledge and skills to support the child's recovery.

Responding to the needs of children from Indigenous and other ethnic communities. Indigenous children and children of African descent are particularly vulnerable to recruitment and use by armed groups and represent a significant proportion of those who have participated or are participating in the Specialised Care Programme. However, the number of children from these ethnic communities identified as victims of CRSV is low. Research participants raised concerns that many may not have disclosed having being victims of CRSV and therefore received the specialised care and support they required. Echoing ICBF/UNICEF's study of the programme, research participants stressed the need for the programme to be better tailored to the needs of children from these communities. Specifically in relation to CRSV, they highlighted the importance of building a better understanding of its impacts on the individual child as well as on the communal and spiritual life of the whole community. The need for closer coordination between the programme and the children's communities of origin was also strongly emphasised.

18 The right to reparation is enshrined in Colombia's Constitution and reinforced by various laws and judicial decisions. Chief among these is Law 1448 of 2011 which created a framework for the domestic reparations programme that includes humanitarian aid, care, assistance and reparations in the form of restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition to those who, individually or collectively, suffered harm as a result of violations of national, human rights and international humanitarian law committed after 1 January 1985 as a result of the internal armed conflict.

19 ICBF and UNICEF, Study on the Characterisation of Children Released from Organised Armed Groups in Colombia (2013-2022) (previously cited).

Ensuring access to appropriate public healthcare services. Despite established referral pathways between the Specialised Care Programme and the healthcare sector, research participants were concerned that safe, ethical, quality and gender-sensitive medical and mental healthcare for child victims/survivors of CRSV is generally not available, and that there may be additional barriers to children formerly associated with armed groups due to stigma sometimes linked to this association. These and other concerns relating to the public health system point to the need for urgent measures to improve the accessibility and quality of healthcare provision to victims/survivors of CRSV and in doing so to recognise and address specific barriers that may be faced by certain categories of victims/survivors including on account of their former association with armed groups, their sex, sexual orientation, gender identity, age, disability and ethnicity.

Ensuring access to reparations. Although most children who enter the Specialised Care Programme are registered with the Victims Unit (the institution responsible for the administration of Colombia's domestic reparations programme) as victims of child recruitment and use, those who are victims/survivors of CRSV often do not disclose it. As a result, they are unable to access the compensation and other reparations to which they are entitled as victims/survivors of this particular crime. Research participants recognised the importance of registration with the Victims Unit but were concerned about the potential for re-traumatisation and re-victimisation through repeated interviews with different stakeholders and suggested that the use of pre-written statements shared with justice and other stakeholders (with the consent of the child) could help resolve this.

Ensuring support to all children associated with armed groups. The eligibility criteria for the Specialised Care Programme are limited to children associated with certain organised armed groups.²⁰ This excludes children associated with other groups that are active in Colombia today (categorised as “organised criminal groups”). Other children, potentially numbering in the hundreds, who were not transferred to the ICBF by FARC-EP and paramilitary groups during past demobilisation processes, or who self-demobilise without the authorities being informed, may also not receive support for their recovery and reintegration and are thus also unlikely to be registered as victims of the armed conflict and to access reparations. Research participants stressed the need for modalities of support to be developed, for example through community-based child protection mechanisms, to ensure that all children receive appropriate care and support, including for harms that may have been suffered including as a result of CRSV, regardless of which group they were associated with and how they exited the group.

20 Eligibility for the Specialised Care Programme is currently limited to children associated with National Liberation Army (*Ejército de Liberación Nacional*, ELN), *Clan del Golfo* (also known as Gaitanist Self-Defense Forces of Colombia (*Autodefensas Gaitanistas de Colombia*, AGC), and Revolutionary Armed Forces of Colombia – People's Army (*Fuerzas Armadas Revolucionarias de Colombia – Ejército del Pueblo*, FARC-EP) dissident groups.

1. Introduction

This report is the second in a series of studies published by the Office of the Special Representative of the UN Secretary-General for Children and Armed Conflict (OSRSG CAAC) as part of a multi-country project examining how conflict-related sexual violence (CRSV) against boys is addressed in programmes for the reintegration of children associated with armed forces or armed groups (CAAFAG).

The project is intended to contribute to deepening understandings of the potential risks and vulnerabilities of boys to CRSV during their association with armed forces or armed groups and to explore how reintegration programmes and associated medical, mental health and psychosocial support (MHPSS) services and justice processes, can better take account of the possibility of CRSV against boys and respond appropriately.

The first study, conducted in the Central African Republic in 2022, found that CRSV against boys associated with armed forces and armed groups was not well documented or understood. The paucity of documentation along with other factors, including limited capacity and expertise among key actors, resulted in boy victims/survivors of CRSV being overlooked in the design and implementation of CAAFAG reintegration programmes, which contributed to obstacles in accessing safe, ethical, quality, gender-sensitive medical care and MHPSS.²¹

In Colombia, thousands of children have been recruited and used, mainly by non-State armed groups, during decades of armed conflict. Many have been subjected to CRSV and, although the available data mainly relates to girls, evidence shows that boys are also among the victims/survivors. In contrast to the Central African Republic, where the humanitarian community plays a leading role in CAAFAG reintegration programming, in Colombia the reintegration of affected children is led by the State, through the Specialised Care Programme for the Restoration of the Rights and Contribution to the Process of Reparation of Boys, Girls and Adolescent Victims of Illegal Recruitment who are Released from Organised Illegal Armed

In Colombia, thousands of children have been recruited and used, mainly by non-State armed groups, during decades of armed conflict. Many have been subjected to CRSV and evidence shows that boys are also among the victims/survivors.

21 See OSRSG CAAC, Responding to Conflict-related Sexual Violence against Boys associated with Armed Forces and Armed Groups in Reintegration Programmes, December 2022, available at: <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/12/ASP-V2.pdf>.

Groups (*Programa de Atención Especializada para el Restablecimiento de Derechos y Contribución al Proceso de Reparación Integral de Niñas, Niños y Adolescentes Víctimas de Reclutamiento Ilícito, que se han Desvinculado de Grupos Armados Organizados al Margen de la Ley*, Specialised Care Programme). This programme, which is run by the Colombian Institute for Family Welfare (*Instituto Colombiano de Bienestar Familiar*, ICBF), is the only ongoing programme for children formerly associated with armed groups in Colombia.

The research for this report was conducted with the aim of supporting reflection on how CRSV against boys is addressed within the Specialised Care Programme, as part of the ICBF's ongoing process of assessment and revision of the programme. Although the research focused primarily on the way in which the Specialised Care Programme responds to boy victim/survivors of CRSV, it also looked at the interface between, on the one hand, the programme and, on the other hand, health sector responses and the available domestic reparations programme for victims of the armed conflict in Colombia.

2.

Methodology

Research for this report was conducted by ASP in 2023. It was undertaken by a principal investigator and a national research assistant and carried out in collaboration with the ICBF.²² It was supported by a Research Advisory Group (RAG) comprising national child protection experts.²³ The final report was reviewed by members of the RAG, ICBF and UN experts.

The research was designed to respond to two overarching questions:

- What are the challenges, opportunities and good practices in the ICBF’s Specialised Care Programme and associated services in supporting children released from armed groups who are victims/survivors of CRSV?
- How can the ICBF’s Specialised Care Programme be strengthened to better respond to the rights, needs and wishes of boys released from armed groups and who are victims/survivors of CRSV?

The study used qualitative research methods involving:

- An in-depth desk literature review, including national laws, policies and guidelines relating to child recruitment and use, their release and reintegration, and CRSV; reports by the national institutions including Colombia’s Commission for the Clarification of Truth, for Coexistence and Non-Repetition (*Comisión para el Esclarecimiento de la Verdad, la Convivencia y la No Repetición*, Truth Commission), judicial decisions, UN and I/NGO reports and academic publications;
- Semi-structured interviews with 22 key informants, including child protection practitioners involved in the design, management and/or implementation of the Specialised Care Programme (referred to in the report as “representatives of the Specialised Care Programme”), and other key stakeholders involved in child protection, gender-based violence (GBV), justice, and health-care responses, including representatives of national authorities, the UN and NGOs;
- Nine focus group discussions (FGDs) involving a total of 51 participants from three categories of key stakeholders: two with men who were formerly associated with armed groups as children (referred to in the report as “FGDs with male victims/survivors of child recruitment”); six

22 ICBF contributed to the draft research protocol; shared relevant documents and data; provided advice on ethics; and supported the logistics of data gathering with those involved in implementing the Specialised Care Programme.

23 The RAG was comprised of Juan Manuel Martínez (COALICO), Gabriel González (*Corporación Infancia y Desarrollo*) and co-coordinator of the national Child Protection Area of Responsibility (AoR) and Olga Lucía Zuluaga (UNICEF Colombia).

with stakeholders directly involved in the implementation of the Specialised Care Programme (referred to as “FGDs with Specialised Care Programme child protection practitioners”), and one with representatives of community-level NGOs involved in child protection or GBV responses (referred to as “FGDs with representatives of local NGOs”).

The research involved initial discussions with the ICBF and other scoping in the capital, Bogotá, to inform the design of the research and the drafting of the research protocol, which received national ethical and technical approvals in September and October 2023.²⁴ Data gathering included research visits to six cities in November 2023, in which residential care facilities under the Specialised Care Programme exist (for details of the different models of care under the Specialised Care Programme see Section 5.2 below).

Given the sensitive nature of the research and concerns about the security, safety and well-being of respondents, children did not participate in this study. However, it sought to incorporate the perspectives of former CAAFAG through facilitating FGDs with adult men who were formerly associated with armed groups as children.²⁵ These FGDs were organised with the support of the national NGO the Coalition against the Involvement of Boys, Girls and Youth in the Armed Conflict in Colombia (*la Coalición contra la Vinculación de Niños, Niñas y Jóvenes al Conflicto Armado en Colombia*, COALICO), which also reviewed and advised on the methodology for the FGDs. Recognising the potential for re-traumatisation, psychological support provided by the national NGO, *Corporación Vínculos*, was made available to all participants in these FGDs.

All research participants provided informed consent before their participation in interviews and FGDs. Confidentiality was ensured by anonymising interview and FGD transcripts and participants’ names are not included in the report. Apart from those who explicitly asked for the name of the organisation they represent to be cited, names of participating organisations are also not included.

The research was participatory, forward thinking and action-oriented and designed to support joint reflection by participants on how responses could better support boy victims/survivors of CRSV. At the same time, it is also important to recognise that reintegration programmes often do not adequately serve the needs of girls, 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 and more systemic challenges in accessing appropriate care for the physical, mental and other harms resulting from CRSV faced by all children formerly associated with armed groups were explored and ideas on how they might be addressed were discussed as part of the research.

24 Ethics approval was received from Profamilia’s Research Ethics Committee in Colombia and technical approval was received from ICBF’s Sub-directorate for Monitoring and Evaluation.

25 All were released before they turned 18 and the majority participated in official reintegration processes/the Special Programme except for one who was released when he was over the age of 18.

As with any research there were limitations which impacted the findings. Chief among these was the small number of participants in the two FGDs with male victims/survivors of child recruitment – a total of eight out of the 23 invited to take part, with others unable to attend due to logistical difficulties and other reasons. Of the eight participants, six had participated in the Specialised Care Programme. All were formerly associated with the Revolutionary Armed Forces of Colombia - People's Army (*Fuerzas Armadas Revolucionarias de Colombia – Ejército del Pueblo*, FARC-EP) and were therefore not representative of CAAFAG recruited and used by other armed groups. Additionally, one self-identified as Indigenous and none as being of African descent. However, the low number of former CAAFAG participants was mitigated in part by the participation of a broad range of key informants working with children within the Specialised Care Programme across all six regions in which it is being implemented. Further research would nevertheless be beneficial to explore the direct experiences and views of former CAAFAG on reintegration processes.

3.

Recruitment and use of children in Colombia

“The recruitment of children was not a marginal or accidental practice; on the contrary, it was the result of a rational logic and determined action on the part of illegal armed groups. Each of them recognised and exploited the vulnerability of these people in order to recruit them and strengthen their military capacity with agile, obedient individuals who were expected to be more adaptable to the needs of war.”²⁶

Children have been recruited and used by parties to armed conflict in Colombia since armed conflict first broke out in the early 1960s between government forces and FARC-EP, through to the present day. In its final report, published in June 2022, Colombia’s Truth Commission concluded that all armed groups have engaged in the recruitment and use of children in a systematic manner, and that children were also used by State security forces primarily for intelligence purposes.²⁷

The Truth Commission and documentation by other official sources show that, prior to the 2016 *Final Agreement for Ending the Conflict and Building a Stable and Lasting Peace between the Government of Colombia and the FARC-EP* (the Final Agreement), FARC-EP was responsible for the vast majority of cases of child recruitment and use, followed by the National Liberation Army (*Ejército de Liberación Nacional*, ELN) and the coalition of paramilitary groups known as United Self-Defence Forces of Colombia (*Autodefensas Unidas de Colombia*, AUC).²⁸ Following the demobilisation of the AUC that was completed in 2006, and the 2016 Final Agreement, a new generation of armed groups, often with links

26 Truth Commission, Final Report *There is a Future if there is Truth (Hay Futuro Si Hay Verdad)*, Chapter on Girls, Boys and Adolescents in the Armed Conflict, p. 190, available at: <https://www.comisiondelaverdad.co/no-es-un-mal-menor>.

27 Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited). The Truth Commission documented 106 cases of children recruited by State security forces between 1994 and 2019. The UN has verified three cases of child recruitment and use by State security forces between July 2019 and June 2023. See United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, December 2021, S/2021/1022, paras. 19 and 24 and United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 24. See also UN Committee on the Rights of the Child, Concluding Observations: Colombia, CRC/C/OPAC/COL/CO/1, 21 June 2010, para. 37.

28 From 1990 to 2017, the Truth Commission attributed 12,038 cases of child recruitment to FARC-EP, 2,038 to paramilitaries and 1,391 to ELN. See Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p.181 and 186. See also National Centre for Historical Memory, *A War with No Age. National Report on the Recruitment and Use of Children and Adolescents in the Colombian Armed Conflict, (Una Guerra sin Edad. Informe Nacional de Reclutamiento y Utilización de Niños, Niñas y Adolescentes en el Conflicto Armado Colombiano)*, 2017, available at: https://www.centrodememoriahistorica.gov.co/descargas/informes2018/una_guerra-sin-edad.pdf.

to organised crime, emerged, most of which continue to recruit and use children for military-related purposes and associated criminal activities.²⁹

There are no definitive figures for the number of children who have been or are still associated with armed groups in Colombia, but the numbers shared by various official sources provide a sense of the magnitude of the issue. In its final report, the Truth Commission confirmed 16,238 documented cases of child recruitment between 1990 and 2017 by various armed actors but estimated that the actual number could have been as high as 40,828.³⁰ The National

Centre for Historical Memory (*Centro Nacional de Memoria Histórica*, CNMH), a statutory body set up to document and memorialise human rights abuses that occurred during the armed conflict, has verified 17,865 cases of child recruitment and use during the period 1958 to September 2023.³¹ The Special Jurisdiction for Peace (*Jurisdicción Especial para la Paz*, SJP), the judicial branch of Colombia's transitional justice framework, has identified 18,677 victims of child recruitment by FARC-EP from 1971 to 2016, but also estimates the total number to be higher.³²

Child recruitment and use continues to be the most prevalent of the six grave violations against children in situations of armed conflict.

Today, child recruitment and use continues to be the most prevalent of the six grave violations against children in situations of armed conflict documented by the UN-led Monitoring and Reporting Mechanism (MRM).³³ In the six years (January 2017-June 2023) following the signature of the Final Agreement, it has verified a total of 938 children affected by recruitment and use. These are attributed to elements of FARC-EP which include those groups which did not accept the peace process from the outset, or which laid down their weapons as part of the peace process but later took up arms again and reconstituted themselves into armed groups (known collectively as “FARC-EP dissident groups”), ELN, the Popular Liberation Army (*Ejército Popular de Liberación*, EPL), *Clan del Golfo* (also known as Gaitanist Self-Defense Forces of Colombia (*Autodefensas Gaitanistas de Colombia*, AGC)) and *Los Caparrapos*.³⁴

29 ICBF and UNICEF, Study on the Characterisation of Children Released from Organised Armed Groups in Colombia (2013-2022) (previously cited), p. 17; For more information on the eight non-international armed conflicts currently recognised by the International Committee of the Red Cross (ICRC) in Colombia see ICRC, “The Human Cost of Armed Conflicts in Colombia”, 3 April 2024, available at: <https://www.icrc.org/en/document/human-cost-armed-conflicts-colombia>.

30 Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p. 28.

31 CNMH, Memory and Conflict Observatory (Observatorio de Memoria y Conflicto), as of 29 September 2023, available at: <https://micrositios.centro-dememoriahistorica.gov.co/observatorio/portal-de-datos/el-conflicto-en-cifras/>.

32 SJP, Chamber for the Acknowledgement of Truth, Responsibility and the Determination of Facts and Conduct (Sala de Reconocimiento de Verdad, de Responsabilidad y de Determinación de los Hechos y Conductas, SRVR), Order 075 of 2022, No. SRVR-LRG-T-075-2022, para. 2.

33 The MRM was established by UN Security Council resolution 1612 of 2005 to systematically gather data on six grave violations committed against children in situations of armed conflict that the Security Council identified as particularly egregious. Those six grave violations are: recruitment and use, killing and maiming, rape and other forms of sexual violence, abduction, attacks against schools and hospitals, and denial of humanitarian access to children. The MRM was first established in Colombia in 2008.

34 EPL is also known as Los Pelusos. United Nations, Report of the Secretary-General on Children and Armed Conflict, May 2018, S/2018/465, para. 48; Report of the Secretary-General on Children and Armed Conflict, June 2019, S/2019/509, para. 47; Report of the Secretary-General on Children and Armed Conflict, June 2020, S/2020/525, para. 43; Report of the Secretary-General on Children and Armed Conflict, May 2021, S/2021/437, para. 37; Report of the Secretary-General on Children and Armed Conflict, June 2022, S/2022/493, para. 40; United Nations, Report of the Secretary-General on Children and Armed Conflict, June 2023, S/2023/363, para. 41; See also, Colombian Organized Crime Observatory, Boys, Girls and Adolescents' Participation in Organised Crime and Conflict after the Peace Agreement (la Participación de Niños, Niñas y Adolescentes en el Crimen Organizado y Conflicto después del Acuerdo de Paz), December 2022, p. 16, available at: https://urosario.edu.co/sites/default/files/2022-08/DOCUMENTOS_OCCO_4_La_ninez_reclutada.pdf.

Recruitment takes place through a variety of means including abduction, threats, deception and promises of protection, jobs, money and other material benefits.³⁵ Incidents of children as young as three years old being recruited by armed groups have been verified by the UN,³⁶ and a recent study by ICBF and UNICEF of children enrolled in the Specialised Care Programme between 2013 and 2022 found that the average age of recruitment is 14. According to this study, the average time a child spends in an armed group is 21 months.³⁷

The roles performed by children vary and depend on the group they are associated with, but include use as combatants, in support roles including as porters to transport weapons, food, money or drugs and run other errands, as cooks, cleaners and to harvest coca, and in intelligence roles, including as informants or to infiltrate opposing groups. Children have also been used to carry out targeted killings of rival group members and others in urban and rural settings. In addition, while girls have been used in different roles by armed groups including as combatants, many have been recruited for sexual purposes.³⁸

Until 2017, boys accounted for approximately 70% of children associated with armed groups and girls for around 30%.³⁹ However, both the UN and the ICBF/UNICEF study point to changing patterns including an increase in the number of girls being recruited relative to boys.⁴⁰

Irrespective of gender, some children are more vulnerable to recruitment and use than others. The Truth Commission, the UN and others have identified factors that increase vulnerability including poverty, lack of access to basic services and future opportunities, the absence of effective protection mechanisms, being a school drop-out, exposure to domestic violence, as well as insecurity and the continued presence of armed actors in the places in which children live.⁴¹

Indigenous children and children of African descent have traditionally been particularly vulnerable to recruitment and use by armed groups. The Truth Commission has attributed this heightened vulnerability to various interconnected factors including their historic discrimination and subordination; armed groups' intent to destabilise ethnic community structures and traditions; and the perceived strategic advantages of recruiting children from ethnic communities, including their local knowledge of the territory and the assumption that they would not fall ill to local diseases.⁴² Moreover, according to UN documentation and the ICBF/UNICEF study, they have been recruited and used in larger numbers in

35 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, paras. 26 and 39; Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p. 212.

36 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 25. UN verified cases involved children between three and 17 years old. According to the report girls tended to be recruited and used at a younger age than boys.

37 ICBF and UNICEF, Study on the Characterisation of Children Released from Organised Armed Groups in Colombia (2013-2022) (previously cited).

38 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 26.

39 Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p. 180.

40 ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited); United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 25.

41 Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p. 189; United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, December 2021, S/2021/1022, para. 23.

42 Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict, (previously cited), p. 197 and pp.194-195.

recent years. According to the UN Secretary-General's latest report on Children and Armed Conflict (CAAC) in Colombia, Indigenous children or children of African descent represented nearly half of those recruited from 1 July 2021 to 30 June 2023.⁴³ Refugee and migrant children from Venezuela, Ecuador and other neighbouring countries are also affected as are children with relatives who are members of armed groups.⁴⁴

Just as the profile of children at risk of recruitment and use has shifted overtime, so too have the locations in which it occurs. Historically, children living in rural areas have been more vulnerable to this unlawful practice, but child recruitment and use has become increasingly common in urban areas in recent years where children are used by armed groups for running messages, carrying illicit merchandise such as drugs and weapons, intelligence gathering and surveillance.⁴⁵

43 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 25; ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited), p. 25.

44 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 25; Truth Commission, Final Report Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p. 189 and United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, December 2021, S/2021/1022, para. 23.

45 ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited), p. 18.

4.

CRSV and its links with child recruitment and use

4.1 Relationship between CRSV and child recruitment and use in Colombia

Child recruitment and use and rape and other forms of sexual violence are identified by the UN Security Council as being two of the most egregious violations against children in situations of armed conflict.⁴⁶ The close relationship between these two grave violations is well established and, although sexual violence is often more central to the experience of girls who are frequently recruited for sexual purposes, boys are also subjected or exposed to sexual violence in the context of their association with armed forces or armed groups.⁴⁷

However, CRSV is notoriously under-reported, including in Colombia.⁴⁸ In recognition of this, guidance on the implementation of the 2007 Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (Paris Principles) emphasise that, given the stigma and shame that surround sexual violence, “it should always be assumed that sexual violence against girls and boys is taking place..., and efforts should be made to make services accessible to and appropriate for both girls and boys.”⁴⁹

Successive reports by the UN Secretary-General on CAAC in Colombia have highlighted the way in which recruitment and use of children by armed groups and more occasionally by State security forces

46 See UN Security Council Resolution 1261 (1999).

47 See for example, United Nations University, *Cradled by Conflict: Child Involvement with Armed Groups in Contemporary Conflicts*, 12 December 2023, available at: <https://unu.edu/publication/cradled-conflict-child-involvement-armed-groups-contemporary-conflict>; Paris Principles Steering Group, *Paris Principles: Operational Handbook*, 10 December 2022, available at: <https://resourcecentre.savethechildren.net/document/paris-principles-operational-handbook/>; OSRSG CAAC, *Strengthening Responses to Conflict-related Sexual Violence against Boys Deprived of their Liberty in Situations of Armed Conflict*, December 2022, available at: <https://childrenandarmedconflict.un.org/wp-content/uploads/2022/12/ASP-briefing-paper-V1.pdf>; OSRSG CAAC, *Responding to Conflict-related Sexual Violence against Boys Associated with Armed Forces and Armed Groups in Reintegration Programmes* (previously cited); Paris Principles (previously cited), para. 7.72.

48 United Nations, *Report of the Secretary-General on Children and Armed Conflict in Colombia*, February 2024, S/2024/161, para. 27.

49 Paris Principles: Operational Handbook (previously stated), p. 53.

leads to other grave violations against children, including sexual violence.⁵⁰ In recent years, the UN Secretary-General has raised concerns about the trafficking of children for sexual exploitation by armed groups and networks of criminal gangs, often believed to have links to armed groups.⁵¹

The relationship between child recruitment and use and CRSV has been acknowledged in national jurisprudence, including that of the Constitutional Court of Colombia. A 2015 Constitutional Court order referenced findings by State institutions and NGOs that sexual violence against girls and boys was among the most recurrent violations in the context of child recruitment, particularly affecting Indigenous children.⁵²

Jurisprudence of the Constitutional Court has also noted the high prevalence of sexual violence particularly against girls within the ranks of armed groups and the serious health impacts of such abuses.⁵³ For example, Constitutional Court order 092 of 2008 noted that CRSV against women and girls associated with armed groups had “...been consistently and repeatedly reported by numerous national and international entities” and that in the context of association “members of both guerrilla groups - FARC and ELN - and paramilitary groups” had carried out rape and other forms of sexual violence against them “systematically in the course of their criminal activities”.⁵⁴

In 2016, the Office of the Attorney General of Colombia found that sexual violence was the crime most commonly associated with the recruitment by FARC-EP and that, although girls were disproportionately affected, boys were also among the victims.⁵⁵ The Truth Commission subsequently found a similar pattern of CRSV against girls associated with FARC-EP, and to a lesser extent *Clan del Golfo* and ELN.⁵⁶

“It should always be assumed that sexual violence against girls and boys is taking place..., and efforts should be made to make services accessible to and appropriate for both girls and boys.”

50 The number of verified cases of CRSV against children associated with armed groups increased significantly in the period July 2021 to June 2023 with 18 verified cases affecting 17 girls and one boy, compared with just one case verified between January 2019 and December 2021, United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 27. See also United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, December 2021, S/2021/1022, para. 21.

51 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, paras. 15, 17 and 32. In 2021, the Office of the Ombudsman issued an “early warning” about the recruitment and use of children for sexual and commercial exploitation by the armed group La Cordillera in coordination with criminal groups. See, Office of the Ombudsman, Early Warning 001 of 2023, p. 26, available at: <https://alertasstg.blob.core.windows.net/alertas/001-23.pdf>.

52 Constitutional Court, Special Chamber for the Monitoring of Judgment T-025 of 2004, Order 009 of 2015, 27 January 2015, 3.2.1, available at: <https://www.corteconstitucional.gov.co/RELATORIA/Autos/2015/A009-15.htm>.

53 Judicial orders (*autos*) are communications or pronouncements of the judge, which resolve petitions, issue orders or decide matters other than the main conflict that arise during the judicial process.

54 Constitutional Court, Order 092 of 2008, 14 April 2008, para. III.1.1.2.d, available at: <https://www.corteconstitucional.gov.co/relatoria/autos/2008/a092-08.htm>.

55 Report by the Attorney General’s Office on patterns of macro-criminality of illegal recruitment by FARC-EP, No. 11-88594, 19 April 2016. On file with ASP.

56 Truth Commission, Final Report, Chapter on Women and LGBTIQ+ People, Case: Sexual and Reproductive Violence within the FARC-EP guerrilla (Informe Final, Capítulo de Mujeres y personas LGBTIQ+, Caso «Violencias sexuales y reproductivas intrafilas en la guerrilla de las FARC-EP»), 2022, available at: <https://www.comisiondelaverdad.co/caso-violencias-sexuales-intrafilas-farc>; Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict, (previously cited), p. 25 and pp. 242-249.

Its final report also included a section which focuses on the issue of CRSV against men and explicitly highlighted patterns of sexual violence against boys in relation to recruitment.⁵⁷

More recently, in investigations by the SJP in relation to a macro-case on child recruitment and use by FARC-EP (macro-case 7), sexual and gender-based violence has been identified as being among the most “grave and prevalent” associated forms of violence.⁵⁸ In its preliminary observations on this case, the SJP referenced incidents of CRSV against girls, heterosexual cisgender boys, and children with diverse sexual orientation, gender identity and gender expression and highlighted the differential harms based on gender.⁵⁹ The repeated incidents of rape against several boys perpetrated by both male and female commanders of the group are highlighted.⁶⁰ Subsequently, the SJP opened a macro-case specifically on “GBV, sexual violence, reproductive violence, and other crimes committed as a result of prejudice based on diverse sexual orientation, gender expression and/or gender identity in the context of the Colombian armed conflict” (macro-case 11) which includes a sub-case on sexual violence within the ranks of State forces and FARC-EP.⁶¹

The Truth Commission found, and research participants echoed, that sexual violence is both a driver and a product of child recruitment and use. It highlighted the way in which children often join armed groups to escape sexual violence (and other forms of abuse) at home or in the surrounding environment.⁶² Evidence also shows that boys have been subjected to rape and other forms of sexual violence during recruitment and/or as a form of punishment for refusing to join an armed group.⁶³

Multiple sources point to the highly sexualised environment within armed groups in which sexual violence becomes normalised. In its final report, the Truth Commission noted the way in which girls were objectified and treated as “bodies” at the service of the groups.⁶⁴ A 2016 report by the Attorney General’s Office found that both girls and boys associated with FARC-EP were pressured to engage in sexual activity at an early age.⁶⁵ An earlier report by the Ombudsman’s and the Attorney General’s Offices found that boys and girls “considered it an obligation to sexually attend to their superiors in

57 Truth Commission, Final Report, Chapter on Women and LGBTIQ+ People, Case: Sexual Violence against Men in the Context of the Armed Conflict (previously cited).

58 The SJP groups together multiple crimes into so-called “macro-cases” to reveal the broader patterns of macro-criminality – as opposed to focusing on individual or isolated acts – and prosecute those most responsible for these crimes; Macro-case 7 on the recruitment and use of girls and boys in the armed conflict, SJP, SRVR, Order 075 of 2022 (previously cited), para. 4.

59 In February 2022, the SJP opened a new line of investigation within macro-case 7 on discrimination and violence against children with diverse sexual orientations and gender identities who had been recruited and used by FARC-EP, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 52.

60 See SJP, SRVR, Order 075 of 2022 (previously cited), para. 107.

61 SJP, SRVR, Order 05 of 2023, 6 September 2023.

62 FGD with Specialised Care Programme child protection practitioners, November 2023; Interview with representatives of the Specialised Care Programme, November 2023.

63 Truth Commission, Final Report, Chapter on Women and LGBTIQ+ People, Case: Sexual Violence against Men in the Context of the Armed Conflict (previously cited); Case on file with ASP; 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, p. 15, available at: <https://allurvivorsproject.org/deponer-las-armas-retomar-las-almas-laying-down-arms-reclaiming-souls/>.

64 Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict, (previously cited), pp. 242 and 247.

65 Report by the Attorney General’s Office on patterns of macro-criminality of illegal recruitment by FARC-EP (previously cited), p. 98. See also, ICBF and UNICEF, Study on the Characterisation of Children released from organised armed groups (2013-2022) (previously cited), p. 46.

command”, and that they “are prone to naturalise the violence that is exercised over their bodies” in the context of their association with armed groups.⁶⁶

Similar concerns have been documented elsewhere and were also raised by research participants.⁶⁷ For example, it was noted in interviews and FGDs that girls often enter into relationships with commanders as a form of protection, whereas boys may engage in sexual relations with women (particularly female commanders) in order to assert their masculinity and facilitate their promotion within an armed group.⁶⁸ According to a 2006 report by the Office of the Ombudsman and UNICEF, boys associated with armed groups were also forced to commit acts of rape.⁶⁹

The use of sexual violence as a form of punishment for non-conformity with gender norms was also noted by research participants. One key informant spoke of a case in which a nine-year old boy recruited by FARC-EP was subjected to sexual slavery for several months by members of the armed group because he was perceived to be gay.⁷⁰

Research participants described the many forms of CRSV against boys that they had encountered in their work with former CAAFAG including rape and gang rape; sexual touching, humiliation and sexualised forms of mocking as part of “initiation ceremonies” or “baptisms” into the group; forced nudity/stripping during military training or as a form of punishment; and forced participation in and witnessing of sexual violence against girls.⁷¹

Research participants described the many forms of CRSV against boys that they had encountered in their work with former CAAFAG.

Research participants also considered that, CRSV against boys associated with armed groups is more common than generally acknowledged, as taboos prevent it from being reported or, in many cases, even discussed. Moreover, as the Truth Commission concluded in its final report, in the context of children’s association with armed groups, in which high levels of control are exercised over every aspect of their lives, violence against them, including sexual violence, is not incidental, but a way in which authority is imposed.⁷²

66 Cited in Constitutional Court, Order 009 of 2015 (previously cited), 3.2.1.

67 UNICEF, Analytical Study on the Narratives related to being a Woman and the Reincorporation Process of Adolescent Girls who left FARC-EP camps, (*Estudio Analítico sobre las Narrativas relacionadas con ser Mujer y el Proceso de Reincorporación de Adolescentes que salieron de los Campamentos de las FARC- EP*), 31 October 2019, pp. 25-26, on file with ASP; in-person interview with family defender within the Specialised Care Programme, November 2023; FGD with Specialised Care Programme child protection practitioners, November 2023; Zoom interview with the Director of the Truth Commission Knowledge Unit, 5 January 2024.

68 FGDs with Specialised Care Programme child protection practitioners, November 2023; in-person interview with representative of COALICO, Bogotá, 25 October 2023; Zoom interview with representative of the Specialised Care Programme, Zoom, December 2023.

69 Office of the Ombudsman and UNICEF, Characterisation of Girls, Boys and Adolescents released from Illegal Armed Groups (*Caracterización de las Niñas, Niños y Adolescentes Desvinculados de Grupos Armados*), November 2006, p. 39, available at: <https://www.unicef.org/colombia/media/2396/file/Caracterizaci%C3%B3n%20de%20ni%C3%B1ez%20desvinculada.pdf>. The report documented the case of five boys who reported having been forced to commit rape but did not specify by which armed groups.

70 In-person interview with representative of COALICO, Bogotá, 25 October 2023.

71 In-person interview with representative of COALICO, Bogotá, 25 October 2023; FGD with Specialised Care Programme child protection practitioners, November 2023; in-person interviews with representatives of the Specialised Care Programme, November 2023; FGD with male victims/survivors of child recruitment (held on Zoom), 13 December 2023.

72 See Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited).

4.2 Harms resulting from CRSV

Negative impacts on the health and well-being, education, livelihoods and social development of children as a result of their association with armed groups are well documented in Colombia and elsewhere.⁷³ For children who also suffer CRSV in this context, there are many additional layers of harms.⁷⁴

Participants in the two FGDs with male victims/survivors of child recruitment explained that their experience of recruitment and use by FARC-EP has impacted all spheres of their life in a profoundly harmful way.⁷⁵ They described the loss of contact with families and friends, the constant exposure to violence experienced through their association with the armed group, and the trauma of losing friends and other comrades killed during military operations.⁷⁶

Although such harms relate to the general experience of being part of an armed group and not the specific harms arising from CRSV, they often make it harder to cope with the physical and psychological consequences of CRSV. In the words of one of the psychologists working with children within the Specialised Care Programme, “they all arrive with very intense impacts due to everything that they have experienced being involved in the armed conflict, but then it gets worse when there is one more thing on top of that, sexual violence.”⁷⁷

The extent and nature of harms may vary according to age, gender, ethnicity, disability status and other individual characteristics, as well as the experience of each child before, during and after their association with the armed group.⁷⁸ However, all child victims/survivors of CRSV are likely to suffer a range of profound short and long-term physical, mental and reproductive health consequences such as sexually transmitted infections, fistulas or rectal-sphincter damage, as well as harms to mental health including post-traumatic stress disorder (PTSD), feelings of fear, sadness, insomnia, guilt and low self-esteem.

Boys may suffer specific harms which include but are not limited to specific injuries resulting in pain and trauma to the penis, testicles and rectum; genital, rectal or prostate infections; damage to reproductive capacity and sexual dysfunction; hernias and lower back pain.⁷⁹ Research participants identified mental

73 See for example, Paris Principles: Operational Handbook (previously cited), Chapter 2; Truth Commission, Final Report, Chapter on Girls, Boys and Adolescents in the Armed Conflict (previously cited), p. 295; CNMH, A War with No Age. National Report on the Recruitment and Use of Children and Adolescents in the Colombian Armed Conflict (previously cited).

74 See for example, UNICEF, Mental Health and Psychosocial Support in Children Associated with Armed Groups and Armed Forces Programmes: Operational Guidance, 2022, p. 37, available at: <https://alliancecpha.org/sites/default/files/technical/attachments/Operational-Guidance-MH-PSS-in-CAAFAG.pdf>.

75 FGD with male victims/survivors of child recruitment, Bogotá, 21 October 2023.

76 FGD with male victims/survivors of child recruitment, Bogotá, 21 October 2023; FGD with male victims/survivors of child recruitment, held on Zoom, 13 December 2023; Interview with representative of the Specialised Care Programme, November 2023.

77 FGD with Specialised Care Programme child protection practitioners, November 2023.

78 According to the Paris Principles Operational Handbook (previously cited), these factors can include individual level of resilience, duration of their association, whether they travelled far from their home, the nature of their involvement in the armed group or force, how they were treated, whether they were involved in committing or witnessed acts of violence, what their life was like before their association, the level of support available for reintegration after they leave the armed group or force, p. 51.

79 See, for example, GBV AoR, Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination, 2021, p. 5, available at: https://gbvaor.net/sites/default/files/2021-11/Guidance%20Note%20Male%20Survivors_FINAL29.9.21.pdf.

and psychosocial harms which they saw as being closely linked to deeply engrained patriarchal gender norms that persist in Colombia and elsewhere. Among the responses noted in boys were intense stigma and shame, as well as confusion about their sexual orientation and identity, as sexual violence is commonly conflated with homosexuality and loss of masculinity.⁸⁰ Reference was also made to “stronger symptoms of PTSD”, high levels of social withdrawal, suicidal thoughts, substance abuse, and aggressive behaviour among boys formerly associated with armed groups who are also victims/survivors of CRSV.⁸¹

Key informants noted that early and frequent exposure to sexual violence during association with armed groups can lead to the “hyper-sexualisation” of affected children and contribute to a distorted view of relationships, often resulting in patriarchal and violent relations with partners.⁸² Others referred to possible difficulties in forming intimate relationships for children who have experienced CRSV in the context of their association with armed groups.

As noted above, these and other harms will vary from child to child, but any child who has been subjected to CRSV, including in the context of association with armed groups, requires timely, survivor-centred, specialised care and support which takes account of the way in which harms can differ according to sex, age, gender, disability, ethnicity and other individual characteristics.

80 Interview with representative of the Specialised Care Programme, November 2023. These reactions can be linked to involuntary physical reactions experience by boys during sexualised violence which perpetrators often use to suggest that survivors willingly took part in the violence or “enjoyed” it, see European Commission, Culture of Care – Creating and Strengthening a Supportive Environment for Male Victims of Sexualized Violence. A Handbook for Professionals Working with Boys, December 2018, pp. 63-64, available at: <https://boyscultureofcare.wordpress.com/>.

81 FGD with Specialised Care Programme child protection practitioners, November 2023; Interview with representative of the Specialised Care Programme, November 2023; Zoom interview with academic, 12 December 2023: See also Truth Commission, Final Report, Chapter on Women and LGBTIQ+ People, Case: Sexual Violence against Men in the Context of the Armed Conflict (previously cited).

82 Interview with representative of the Specialised Care Programme, November 2023.

5.

State responses

5.1 Legal framework

5.1.1 Legal framework on the recruitment and use of children

There is a comprehensive legal framework to protect the rights of children in Colombia that includes prohibitions of their recruitment and use by State security forces and armed groups, requirements to support the release and reintegration of children who are associated with armed forces or armed groups, and provisions on access to justice including reparations for child victims of recruitment.

Colombia has ratified the Convention on the Rights of the Child (CRC) and its Optional Protocol on the Involvement of Children in Armed Conflict (OPAC) under which the State is required to take all feasible measures to prevent the recruitment and use of under-18s by armed groups, to raise the age of voluntary recruitment by State security forces to 16 or above, and to take measures to prevent the direct use by State security forces of under-18s in hostilities. In practice Colombia has adopted a straight-18 ban on all recruitment and use of children.⁸³ Both the CRC and OPAC require State parties to provide appropriate assistance to support the physical and psychological recovery and reintegration of child victims of armed conflict including CAAFAG.⁸⁴

Colombia has also endorsed the Paris Principles and Commitments on Children Associated with Armed Forces or Armed Groups and, in doing so, has agreed to uphold certain basic principles aimed at protecting children against recruitment and use, ensuring the unconditional release of children associated with armed forces or armed groups and treating released children primarily as victims, and making funding and other necessary resources available to ensure their effective reintegration into civilian life.⁸⁵

83 The minimum age of 18 for conscription by the armed forces is established by Law 418 of 1997 and for voluntary recruitment by Law 548 of 1999.

84 CRC, ratified by Law 12 of 1991 and OPAC, adopted by Law 833 of 2003 and ratified on 25 May 2005. Colombia is also a State Party to the 1977 Additional Protocols (AP) I and II of the Geneva Conventions which prohibit the recruitment and direct use of children in hostilities under the age of 15 (CRC Article 38, AP I Article 77(2) and AP II; Article 4(3) and to International Labor Organization (ILO) Convention No. 182 on the Worst Forms of Child Labor which defines the forced or compulsory recruitment of children below the age of 18 for use in armed conflict as “one of the worst forms of child labour” (ILO Convention 182, Article 3(a)). Article 2 of OPAC 4 prohibits non-State armed groups under any circumstances from recruiting or using children under 18 years. For further details on the international legal standards relevant to the military recruitment and use of children, see OSRSG CAAC, Working Paper No 1: The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation, October 2009 (Updated November 2013), available at: https://childrenandarmedconflict.un.org/publications/WorkingPaper-1_SixGraveViolationsLegalFoundation.pdf.

85 Paris Principles (previously cited).

These and other standards are reflected in national law, including in the Code on Childhood and Adolescence (Law 1098 of 2006) which prohibits the recruitment and use of children by armed groups and also explicitly prohibits the use of children released from armed groups and by State security forces for intelligence purposes.⁸⁶ Under the Criminal Code, the recruitment of children under the age of 18 and both their direct and indirect use in hostilities are criminalised.⁸⁷ In 2023, the Intersectoral Commission for Prevention of Forced Recruitment, Sexual Abuse and Violence against Boys, Girls and Adolescents by Organised Armed Groups and Organised Criminal Groups (*Comisión Intersectorial para la Prevención del Reclutamiento, el Uso, Utilización y la Violencia Sexual en contra de Niños, Niñas y Adolescentes por Grupos Armados Organizados y por Grupos Delictivos Organizados*, CIPRUNNA) reaffirmed that the recruitment of children was always forced and called upon armed groups to cease the recruitment and use of children as well as sexual violence against them.⁸⁸

The right of children recruited and used by armed groups to receive support from the State, including in the form of reparations, is also established in law. The Code on Childhood and Adolescence provides for the “restoration of the rights” of all children who have been victims of a crime, including child victims of recruitment and use by armed groups, which the law defines as the “restoration of their dignity and integrity as subjects and their capacity to effectively enjoy the rights that were violated”.⁸⁹ The right to reparations for children recruited and used by armed groups is established under Law 418 of 1997 which defines children associated with “illegal organised armed groups” as victims entitled to “humanitarian aid” and access to a special child protection programme under the ICBF.⁹⁰ The subsequent Victims and Land Restitution Law (Law 1448 of 2011), known as the Victims Law, created a framework for the “comprehensive care and reparations” for those who suffered harms as a result of violations committed during the armed conflict, and includes provisions relating to child victims of the conflict.⁹¹ It specifically provides that children who are released from “illegal organised armed groups” should be considered as victims and that child victims of recruitment are entitled to comprehensive reparations including compensation.⁹² A 2016 Constitutional Court ruling clarified that provisions under the Victims Law applied to all children demobilised from any armed group, thereby ensuring inclusiveness and equality of treatment for children regardless of the armed group with which they were associated.⁹³

86 Law 1098 of 2006, Code on Childhood and Adolescence, Article 20(7) and Article 176.

87 Law 599 of 2000, Criminal Code, Articles 162 and 188D.

88 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 45.

89 Code on Childhood and Adolescence (previously cited), Article 50.

90 Law 418 of 1997, Articles 1 and 17 and its regulatory Decree 128 of 2003, Chapter V.

91 Reparations provided for under the Victims Law include humanitarian aid, care, assistance, and reparations in the form of restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition. Prior to the Victims Law, there were arrangements for reparation for victims of illegal organised armed groups under a two-year programme, established in accordance with Decree No. 1290 of 2008, which provided compensation to 26,375 of more than 280,000 registered victims, including 403 children separated from non-State armed groups. United Nations, Report of the Secretary General on Children and Armed Conflict in Colombia, 12 March 2012, S/2012/171*, para. 62.

92 Victims Law (previously cited), Article 3 para. 2 and Articles 184 and 190 extended by Law 2078 of 2021.

93 Constitutional Court, Judgment C-069 of 2016, February 2016, available at: <https://www.corteconstitucional.gov.co/relatoria/2016/C-069-16.htm>. See also United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, 4 October 2016, S/2016/837, para. 50.

The legal framework is reinforced by other decisions of the Constitutional Court which have reiterated the responsibility of the State in the reparation and restoration of the rights of all children recruited or used by armed groups.⁹⁴

5.1.2 Legal framework on sexual violence

Colombia is a State party to the Rome Statute of the International Criminal Court (ICC) which, in addition to criminalising the recruitment and use of children under the age of 15 years in armed conflict as a war crime, also recognises rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or “other forms of sexual violence of comparable gravity” as war crimes and, if committed as part of a widespread or systematic attack, as a crime against humanity.⁹⁵ It has also ratified international and regional human rights treaties under which sexual violence is prohibited and which provide for the right to remedy and reparation for victims/survivors.⁹⁶

Protections from sexual violence and the right to remedy for victims/survivors of it, including children, are also enshrined in national law, including Colombia’s Constitution;⁹⁷ Law 1146 of 2007, which includes prohibitions on sexual violence and provides for comprehensive care for children and adolescents who are victims of sexual abuse; Law 1336 of 2009 on combatting exploitation, pornography and sexual tourism with children; and the Victims Law under which there are provisions relating to the “comprehensive care and reparations” for “victims of crimes against sexual freedom, integrity and development”, which includes specialised emergency medical and psychological care.⁹⁸

Rape (referred to as “carnal access by means of violence”) and other forms of sexual violence including forced nudity, forced abortion, forced prostitution, trafficking in persons for the purpose of sexual exploitation and sexual slavery are also criminalised under the Criminal Code.⁹⁹ Law 1719 of 2014 includes provisions which guarantee access to justice for victims of CRSV and incorporates into the Criminal Code sexual violence as a crime against humanity, in accordance with the definitions of the Rome Statute of the ICC.¹⁰⁰

94 See for example, Constitutional Court, Judgment C-253a of 2012, Judgment C-240 of 2009, and Judgment C-203 of 2005.

95 Rome Statute of the ICC, Articles 7(1)(g), 7(h), 8(2)(b) and 8(2)(e).

96 These include: the International Covenant on Civil and Political Rights (ratified 1969); the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (ratified 1987); International Convention on the Elimination of All Forms of Racial Discrimination (ratified 1981); Convention on the Rights of the Child (ratified 1991) and its Optional Protocols on the involvement of children in armed conflict (ratified 2005) and on the sale of children, child prostitution and child pornography (ratified 2003); the American Convention on Human Rights (ratified 1973); the Inter-American Convention to Prevent and Punish Torture (ratified 1998); and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (“Convention of Belém do Pará”) (ratified 1996).

97 The Political Constitution of Colombia of 1991, Article 44 on the basic rights of children provides they shall be protected against all forms of abandonment, physical or moral violence, sequestration, sale, sexual abuse, work or economic exploitation, and dangerous work and Transitional Article 66 which guarantees the “highest possible level, victims’ rights to truth, justice and reparation.” See also; Constitutional Court, Order 009 of 2015 and Order 092 of 2008 (previously cited).

98 Law 1146 of 2007, Law 1336 of 2009, and Victims Law, Articles 47, 53 and 181.

99 Law 599 of 2000, Articles 295-219 and 138-141B.

100 Law 1719 of 2014, Article 15.

5.2 Arrangements for the release and reintegration of children associated with armed groups

Efforts to secure the release of children associated with armed groups and support their reintegration in Colombia have been ongoing for many years.¹⁰¹ The ICBF was originally mandated under Law 418 of 1997 to design and implement a programme for children released from armed groups which led to the establishment of the Specialised Care Programme in 1999.¹⁰² The Code on Childhood and Adolescence requires that all children released from armed groups be transferred to the ICBF's Specialised Care Programme and states that they should not be subject to prosecution on the basis of their membership of or activities within an armed group (a waiver is applied for once they have entered the programme).¹⁰³ Under the 2011 Victims Law, the ICBF is responsible for the "restitution of the rights" of child victims of recruitment as part of the wider domestic reparations programme.¹⁰⁴

The ICBF implements this legal provision through the Special Care Programme which is the principal and only ongoing programme for children formerly associated with armed groups in Colombia.¹⁰⁵ According to Law 418, those eligible for support under the Specialised Care Programme are children who have been recruited by "illegal organised armed groups".¹⁰⁶ Currently this is interpreted to include children recruited by *Clan del Golfo*, FARC dissident groups and ELN, but does not include children associated with armed groups defined by the government as "organised criminal groups", that are considered structured groups which commit serious crimes or offences in order to obtain a financial or other material benefit (see section 5.3.11).¹⁰⁷

All children who are "recovered" from *Clan del Golfo*, FARC dissident groups and ELN during military operations or who leave these armed groups of their own accord are required in law to be transferred to the ICBF for registration in the Specialised Care Programme within 36 hours by the civil, military or judicial authority that confirmed their disengagement from the group.¹⁰⁸ Individuals who were recruited as children but are over 18 at the time of their demobilisation are not eligible for reparations under the Victims Law, but are entitled to support for their social and economic reintegration under a programme run by the Agency for Reincorporation and Normalisation (*Agencia para la Reincorporación y*

101 In May 2023, the Government adopted its national development plan, which sets out the release of children as a mandatory prior condition to the signing of any peace agreement with armed groups, and reparations for child victims to be prioritised, United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 50.

102 Law 418 of 1997, Article 17.

103 Code on Childhood and Adolescence (previously cited), Article 175.

104 Law 1448 of 2011 (Victims Law), Article 190, extended by Law 2078 of 2021.

105 Law 418 of 1997, Article 17.

106 "Illegal organised armed groups" (Law 418 of 1997, Article 8 para.1) are also known as "organised armed groups" (Law 1908 of 2018, Article 1) and are defined as an armed group "which, under the direction of a responsible command, exercises such control over part of the territory as to enable it to conduct sustained and concerted military operations."

107 This was established by the Presidential Council for National Security of Colombia on 22 June 2022. Document on file with ASP. The United Nations Secretary-General's 2023 report on CAAC listed ELN and FARC-EP dissident-groups as parties to the armed conflict that continued to recruit and use children in 2022 and have not put in place adequate measures to improve their protection, see United Nations, Report of the Secretary-General on Children and Armed Conflict, June 2023, S/2023/363, p. 43; An "organised criminal group" is defined under Article 2 of Law 1908 of 2018.

108 Decree 128 of 2003, Article 22.

Normalización, ARN).¹⁰⁹ Children participating in the Specialised Care Programme who turn 18 while in the programme, and who are certified as having been demobilised from an “illegal armed group” can transition to the ARN programme.¹¹⁰

According to the ICBF figures, as of February 2024, 7,544 children had participated in the Specialised Care Programme since 1999. Of these individuals, 5,302 (70%) were boys and 2,242 (30%) girls. Over three quarters left the armed group with which they were associated of their own volition and subsequently requested support and/or reported to the authorities. Another 18% were “recovered” by State security forces and transferred to the ICBF,¹¹¹ while approximately 6% were transferred to the Specialised Care Programme as part of “collective voluntary releases” following official demobilisation processes or peace agreements.¹¹² This includes 307 children who were transferred to the programme during the demobilisation of the AUC from 2003 to 2006.¹¹³

In addition, in accordance with commitments made during peace negotiations and in the Final Agreement of 2016, 103 boys and girls separated from the FARC-EP were officially transferred to the government and entered a separate reintegration programme known as “A differential path of life”.¹¹⁴ Subsequently, another 288 boys and girls were identified and entered the Specialised Care Programme.¹¹⁵ However, hundreds of children associated with both the AUC and FARC-EP are believed to have been informally released and returned to their homes without support.¹¹⁶

Of those children who had participated in the Specialised Care Programme up to February 2024, almost 95% were between the ages of 13 and 17 at the time of their participation in the programme. Ethnically, 999 (13%) were indigenous and 658 (9%) were of African descent.¹¹⁷ Although most were Colombian

109 In accordance with Decree 897 of 29 May 2017, the ARN manages, implements, coordinates and evaluates, in conjunction with the competent bodies, the policy, plans, programmes and projects that benefit former combatants who wish to transition to legality and become an active part of society, thus working for peace, security and coexistence.

110 Certification of demobilisation from an “illegal organised armed group” is issued by the Operational Committee for the Laying Down of Weapons (Comité Operativo para la Dejación de Armas, CODA).

111 ICBF official figures of the Specialised Care Programme, as of February 2024, available at: <https://public.tableau.com/app/profile/anal.tica.institucional.icbf/viz/Desvinculados/Portada>.

112 ICBF official figures of the Specialised Care Programme (previously cited).

113 Law 975 of 2005, also known as the Justice and Peace Law, aims to “facilitate peace processes and the individual or collective reincorporation into civilian life of members of illegal armed groups, guaranteeing the rights of victims to truth, justice and reparation”. Under article 10.3, it provides for all children to be demobilised and transferred to ICBF. This law has been particularly applied to members of AUC.

114 The programme “A differential path of life” was established in 2017 and ran until 2021. It was led by the Presidential Council for Human Rights with the participation of the Office of the Ombudsman, the ICBF, the ARN and the Victims Unit and supported by UNICEF, the International Organization for Migration (IOM), the ICRC and other international actors and civil society organizations; ICBF and Government of Colombia, Peace Construction Accountability Report - November 2016 - May 2018 (*Informe de Rendición de Cuentas Construcción De Paz - Noviembre 2016 - Mayo 2018*), p. 24, available at: https://www.icbf.gov.co/sites/default/files/2018-06-13informe_individual_icbf_publicar_0.docx.

115 This cohort of 288 under-18s was identified during the review of the final lists that the FARC-EP sent to the Office of the High Commissioner for Peace. See Kroc Institute for International Peace Studies and University of Notre Dame, *Six Years of Implementation of the Final Agreement: Challenges and Opportunities in the New Political Cycle (Seis Años de Implementación del Acuerdo Final: Retos y Oportunidades en el Nuevo Ciclo Político)*, 2023, p. 142, available at: <https://www.fondoeuropeoparalapaz.eu/wp-content/uploads/2023/07/Seis-anos-de-implementacion-del-Acuerdo-Final-Instituto-Kroc.pdf>.

116 Meeting with COALICO as part of scoping mission, Bogotá, 5 April 2023 and COALICO and Colombia Commission of Jurists, Shadow report to the Colombian State report on compliance with the Optional Protocol on the Involvement of Children in Armed Conflict, November 2009, pp. 80-85, available at: https://coalico.org/wp-content/uploads/2020/05/IA10_EspIng.pdf.

117 ICBF official figures of the Specialised Care Programme (previously cited).

nationals, the programme has also supported children from neighbouring countries who were recruited by armed groups in Colombia.¹¹⁸

All children entering the programme do so initially for six months, which can be extended by law to 18 months.¹¹⁹ The modalities of care under the programme have changed over the years, but currently consist of two forms of residential care: protection houses (*casa de protección*), which can accommodate up to 60 girls and boys, and foster homes (*hogar sustituto tutor*), which are usually run by a foster mother for just one or two children, except in the case of siblings or teenagers with their own children under five years old, when the numbers may be higher.¹²⁰

A third modality, known as home management (*hogar gestor*), in which the child is returned to their family and supported within their home environment. This is less commonly used because, in large parts of the country, insecurity prevents the safe return of many children to their communities.¹²¹

At the time of writing, a new modality of residential care, designed to accommodate up to 12 adolescents (children between the ages of 12 and 17), was being piloted with the intention of enabling more personalised support than in protection houses.¹²²

Currently, the decision on whether a child is placed in a protection house or foster home depends on the individual child – in particular their age, ethnicity and needs – and on geographic location and availability of care.¹²³ In practice, children generally pass through different modalities as their situations and needs evolve.

Overall responsibility for the Specialised Care Programme rests with the ICBF's headquarters in Bogotá which oversees and provides technical support to programme offices located in the six regions where the programme is being implemented.¹²⁴ The regional programme offices are responsible for the daily

118 Between 2013 and 2022, 39 children with foreign nationalities have participated in the Specialised Care Programme (35 from Venezuela, two from Ecuador and two from Panama). ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited), p. 18.

119 Support under the Specialised Care Programme can be further extended beyond 18 months on application to a judge; Code on Childhood and Adolescence (previously cited), Article 103 modified by Law 1878 de 2018, Article 6.

120 ICBF, Technical Guideline of the Specialised Care Programme for the Restoration of Rights and Contribution to the Process of Comprehensive Reparation of Girls, Boys and Adolescent Victims of Illegal Recruitment who have demobilised from Organised Armed Groups operating outside the Law (*Lineamiento Técnico del Programa de Atención Especializada para el Restablecimiento de Derechos y Contribución al Proceso de Reparación Integral de Niñas, Niños y Adolescentes Víctimas de Reclutamiento Ilícito, que se han Desvinculado de Grupos Armados Organizados al Margen de la Ley*), 20 April 2022, p. 51, available at: <https://www.icbf.gov.co/lineamiento-tecnico-programa-atencion-especializada-ninos-ninas-y-adolescentes-victimas-de> (hereinafter Technical Guideline of the Specialised Care Programme).

121 As of October 2023, 77 children were in protection houses, 109 in foster homes and 17 in the home management modality; ICBF, Technical Guideline of the Specialised Care Programme (previously cited), section 3; Remote meeting with ICBF headquarters, 3 October 2023; FGD with regional team within the Specialised Care Programme, November 2023.

122 Meeting with ICBF headquarters, conducted on Microsoft Teams, 3 October 2023; Zoom interview with representative from a State institution, 20 December 2023.

123 For example, according to 2022 ICBF's Technical Guideline of the Specialised Care Programme (previously cited), Indigenous children, children with disabilities who require limited support or with special care illnesses, adolescents who are pregnant or breastfeeding, and adolescents (men and women) with their children under five years of age should be placed in foster homes, p. 50.

124 The family defenders' teams and implementing partners are required to report monthly to ICBF's headquarters by entering the consolidated information in the Specialised Care Programme's Single Information Register. ICBF, Technical Guideline of the Specialised Care Programme (previously cited), p. 45.

implementation of the programme and comprise a family defender (a public official/certified lawyer) and their team, and NGO implementing partners known as operators.

Each child who enters the Specialised Care Programme is assigned a family defender who has the overall responsibility for the restoration of rights of that child for the duration of their participation in the programme. The family defender is supported by an inter-disciplinary team (known as the family defenders' team) which includes a psychologist, a social worker and a nutritionist.¹²⁵ The responsibilities of this team include conducting preliminary interviews with each child, known as the “verification of rights interview”, and a psychosocial assessment to determine their needs, making decisions on the modality of care they require, maintaining regular contact with the children and their families and coordinating family meetings, and supporting referrals to the health sector and justice processes. The operators, which also consist of interdisciplinary teams, report to and work in coordination with family defender teams, and are responsible for the daily management of case plans for each child, the running of protection houses and oversight and support to foster mothers.

As noted in the introduction, at the time of writing, the ICBF was in the process of evaluating and strengthening the Specialised Care Programme. This followed the latest ICBF/UNICEF study which identified steps to strengthen the Specialised Care Programme including by implementing gender-sensitive responses for girl victims/survivors of sexual violence.¹²⁶ This process also follows on from recommendations by the Truth Commission to review and adjust the route for the restoration of rights and reintegration of children released from armed groups based on lessons learnt.¹²⁷

5.3 The ICBF Specialised Care Programme responses to boy victims/survivors of CRSV

The majority of children in the Specialised Care Programme identified as being victims/survivors of CRSV are girls: according to the ICBF, from 1999 to October 2023, 11% of the girl participants in the programme were known to be victims/survivors of CRSV, compared to 38 (or less than 1%) of boy participants.¹²⁸

This disparity reflects documented patterns of CRSV among children associated with armed groups, which disproportionately affects girls. However, research participants from five out of the six regional programme offices who were interviewed or participated in FGDs said that they had encountered cases of boys who had experienced CRSV either before or during their association with armed groups.

125 Code on Childhood and Adolescence (previously cited), Articles 79-82.

126 ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited), p. 81.

127 Truth Commission, Final Report, Final Recommendations, August 2022, recommendation no. 7, available at: <https://www.comisiondelaverdad.co/hallazgos-y-recomendaciones/datos-recomendaciones>.

128 Thirty eight out of 5,276 boys and 274 girls out of 2,231 girls. ICBF, Information system of the Specialised Care Programme, as of 31 October 2023. ICBF figures shared with ASP. On file with ASP.

Research participants also recognised that many other boys participating in the programme may have suffered CRSV but were not identified as being victims/survivors. They raised concerns that this means that they would not have received appropriate support. According to one social worker working in one of the six regional programme offices, “several of them could have passed through here and we [would] have no idea because they never disclosed it... it’s clear that we have not come across as many cases as those that surely exist.”¹²⁹

If a child is identified as being a victim/survivor of CRSV, a standardised approach is applied in all of the modalities of care, which includes specialised support consisting of psychosocial accompaniment and referrals to healthcare and to justice processes.¹³⁰ This standardised approach is not specific to children formerly associated with armed groups, rather it is a generic approach that is used across all ICBF child protection programmes in response to cases of sexual violence and is not designed to address the cumulative harms that may be experienced by children as a result of recruitment and use and sexual violence.

Research participants saw scope for strengthening this standardised approach and considered that CRSV against boys requires greater attention within the programme. They engaged in detailed, productive discussions focusing first on how to overcome barriers to reporting and disclosure by boys and then how to better integrate them into existing responses. They reflected on what measures, resources and expertise might be needed to ensure appropriate responses for boy victims/survivors and how other factors, notably ethnicity, need to be better understood to ensure that the rights, needs and wishes of children from different backgrounds and cultures are respected and responded to. Although focused on boys, the discussions touched upon broader responses to CRSV within the Specialised Care Programme.

“Several of them [boy victims/survivors] could have passed through here and we [would] have no idea because they never disclosed it.”

Participants also explored how children formerly associated with armed groups, who may also be victims/survivors of CRSV but who are not eligible to or do not otherwise enter the Specialised Care Programme, can be provided with the care and support they require and to which they are entitled. The following chapters set out the outcomes of these discussions.

129 FGD with Specialised Care Programme child protection practitioners, November 2023.

130 The approach is set out in ICBF’s Technical Guideline for the Care of Boys, Girls and Adolescents with Threatened or Violated rights, Victims of Sexual Violence (*Lineamiento Técnico para la Atención a Niños, Niñas y Adolescentes, con Derechos Amenazados o Vulnerados, Víctimas de Violencia Sexual*), Version 2, 4 July 2018, available at: <https://www.icbf.gov.co/el-instituto/sistema-integrado-de-gestion/lineamiento-tecnico-programa-especializado-de-atencion> (hereinafter Technical Guideline on Sexual Violence).

5.3.1 Facilitating safe disclosure of CRSV

The sensitivities surrounding CRSV mean that affected children often do not wish or are unable to disclose their experience. As noted by some research participants, they should never be pressured to do so. However, disclosure by a child in the Specialised Care Programme triggers a series of responses, notably referrals to medical and mental healthcare (see section 5.3.9), specialised support within the programme, including from psychologists and social workers, and pathways to accessing reparations (see section 5.3.10). For this reason, research participants particularly focused on why boys do not disclose experiences of CRSV, how to better facilitate such disclosure, and how boy victims/survivors who choose not to report their experience of CRSV can otherwise be identified and supported.

CRSV, including against males (whether adults or children), is generally under-reported and it is recognised that boy victims/survivors often do not seek out services.¹³¹ Previous research in Colombia indicates that male victims/survivors often do not disclose their experience of CRSV for many years, sometimes decades, after the incident occurred. Reasons for this include fear of reprisals, intense shame and stigma, lack of knowledge of where or to whom to report and what services are available to them.¹³²

According to research participants, in addition to these, other factors can deter disclosure by children previously associated with armed groups. For example, they particularly highlighted the distrust often felt by these children towards State institutions and their representatives which can make them reluctant to reveal information about their experiences.

They also pointed to the way in which deeply ingrained gender stereotypes and ideas around male invulnerability can be intensified by association with armed groups in which roles are often highly gendered and boys are required to take on adult responsibilities at a young age. Research participants widely agreed that stigma and shame associated with male-directed sexual violence weigh on boy victims/survivors in a society characterised by patriarchal or “machismo” culture. A national child protection expert explained that, in the 20 years she had been working on CAAFAG-related issues in the country, she had not encountered a single case in which a boy recognised that they were a victim of CRSV, something she attributed to the way in which armed conflict has exacerbated the existing patriarchal culture. In her words “I think [the invisibility of this violation] has to do with the narrative of war in the country. War is made by men, 70% of the armed groups are men, men are supposed to be stronger,

131 See, for example, Sandesh Sivakumaran, Sexual Violence Against Men in Armed Conflict, *European Journal of International Law*, Volume 18, Issue 2, April 2007, pp. 253–276, available at: <https://doi.org/10.1093/ejil/chm013>; UN OSRSG on Sexual Violence in Conflict, Report of Workshop on Sexual Violence against Men and Boys in Conflict Situations, 5 December 2013, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/report/executeive-summary-report-of-workshop-on-sexual-violence-against-men-and-boys/Workshop-on-Sexual-Violence-against-Men-and-Boys-in-Conflict-Situations.pdf>; GBV AoR, Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination (previously cited); UNICEF and International Rescue Committee (IRC), Caring for Child Survivors of Sexual Abuse Guidelines, Second Edition, 2023, available at: <https://www.unicef.org/documents/caring-child-survivors-sexual-abuse-guide-lines-Dec2023>.

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

commanders are usually men, and so when a man recognises that he's been a victim of sexual violence, it affects not only the whole macho culture, but also the culture of war..."¹³³

Research participants noted that boys are likely to remain silent, repress their feelings and avoid asking for help. Many referred to fears of boys of being perceived as gay if others found out about the sexual violence they had suffered. According to some, this may give rise to fears of bullying by other children participating in the Specialised Care Programme.

While in practice, disclosure can take place at any point, two moments in the process of registering for entry to the programme and then applying for reparations provide opportunities to report experiences of CRSV. The first is during the preliminary interview which is undertaken by the family defender and involves around 45 standardised questions relating to the child's background, the circumstances of their recruitment and experience within the armed group. The interview also includes specific "yes or no" questions about whether they have experienced sexual abuse and/or whether they have engaged in sexual activity.¹³⁴ If the answers to these questions are "yes", the family defender does not ask for details but refers the child to the health and justice sector. The information is also shared with other members of the family defenders' team for follow-up during a subsequent psychosocial assessment. This is conducted by a psychologist or social worker who determines what support the child requires within the programme, including individual psychosocial support and assistance in accessing other care. If there is no disclosure of sexual violence, the psychosocial assessment can provide an opportunity for members of family defenders' teams to identify possible signs of sexual violence to inform the type of care/support that is offered/put in place.

The second more formal opportunity for disclosure occurs during the submission of a statement to the Public Ministry. This is done by all children entering the Specialised Care Programme in order to be registered as a victim of the armed conflict with the Victims Unit, the body responsible for administering Colombia's domestic reparations programme (see section 5.3.10).

During reflections on the preliminary interviews and initial psychosocial assessments, it was clear that family defenders' teams involved in conducting them were aware of the sensitivities and of the need to create a safe, welcoming, environment to enable children to speak openly about their experiences. However, one family defender explained that boys usually answer negatively to questions about whether they have experienced sexual violence: "boys may have been victims in some cases, but they do not [disclose], it is not so easy for them to tell us."¹³⁵

133 Zoom interview with representative of UN agency, 22 December 2023.

134 This specialised interview is sent to the CODA for verification that the child has been a victim of recruitment by an armed group categorised as "organised armed group". This results in the issuance of a certificate which recognises the child's status as a victim, grants them access to reparations under the Victims Unit and to continue their process of social and economic reintegration as adults with the ARN. Zoom interview with representative from State institution, 20 December 2023.

135 Interview with representative of the Specialised Care Programme, November 2023.

A psychologist from a regional programme office explained that before the interview commences the child is told that they can talk about whatever matters to them and do not have to respond to questions that they feel uncomfortable answering, including questions relating to experiences of sexual violence or sexual activity. The psychologist and others noted that if they suspect that the child may be a victim/survivor of CRSV, they may probe during the psychosocial assessment, but without forcing them to disclose.¹³⁶ In the words of one family defender, “One asks up to a certain point, but there is a moment when they say: ‘No, I don’t want to talk about that’ and we respect that.”¹³⁷

Some research participants identified areas that could be improved in the interview and psychosocial assessment process to better support disclosure of sexual violence by boys. For example, a family defender pointed to the importance of knowing how to ask questions about sexual violence in an appropriate and gender-sensitive way. However, they also acknowledged that they are less able to identify possible signs of sexual violence in boys than in girls, which points to the need for further training (see section 5.3.4 below).¹³⁸ Picking up on a similar point, another key informant suggested that family defenders’ teams need to be more alert to the possibility of sexual victimisation of boys and find appropriate ways to “probe”.¹³⁹ Nevertheless, most research participants considered that formal interviews are not well suited to encouraging disclosure by boys. According to one case manager working with an NGO implementing partner “if a professional arrives and automatically starts questioning him, wanting to fill in a form, he is not going to give information. We have already confirmed that.”¹⁴⁰

Rather, there was strong consensus that a longer-term process of building relationships and trust with the individual child may be a more effective approach to encouraging disclosure. A participant in an FGD with male victims/survivors of child recruitment explained that if a boy is to disclose, he needs to feel protected so that he “feels at home, as if he were talking to his mother... Make him feel that deep trust so that he can unburden himself and can talk and can get out all that he has inside and all that suffering and can heal it, otherwise he will not.”¹⁴¹

The circumstances in which disclosure of CRSV by boys occurs within the Specialised Care Programme, to the extent that it happens, seem to support this. A psychologist working with an operator described the case of a boy who, in the initial interview, had answered “no” to the question of whether he had experienced sexual violence, but 15 days later, once he felt more comfortable, approached her and told her that he had been sexually abused.¹⁴² Several other key informants noted that foster mothers are most likely to receive disclosures by boys because they care for a smaller number of children than is the case in protection houses, so there are more opportunities to form closer, more trusting relationships

136 Interview with representative of the Specialised Care Programme, February 2023; FGD with Specialised Care Programme child protection practitioners, November 2023.

137 Interview with representative of the Specialised Care Programme, November 2023.

138 Interview with representative of the Specialised Care Programme, November 2023.

139 Zoom interview with representative of UN agency, 22 December 2023.

140 FGD with Specialised Care Programme child protection practitioners, November 2023.

141 FGD with male victims/survivors of child recruitment, Bogotá, 21 October 2023.

142 FGD with Specialised Care Programme child protection practitioners, November 2023.

with individual children.¹⁴³ This view was reinforced by the four foster mothers who participated in the research; they spoke about the close relationships they built with the children in their care and how disclosure may be a gradual process that takes place over time once relationships are established.

The importance of informal activities was also stressed as a way of building relationships of trust that may help the children feel comfortable enough to discuss their experiences. A participant in an FGD with male victims/survivors of child recruitment, who had also participated in the Specialised Care Programme, explained that his experience of being treated as a member of the family, for example, by being taken out to lunch or to the cinema, helped to develop the level of trust that enabled him to confide in carers or other professionals involved in implementing the programme.¹⁴⁴ Other research participants suggested that theatre and art classes and other recreational activities (depending on the age and the interests of the individual child) can be helpful in creating an environment of trust that could support disclosure.¹⁴⁵

A family defender described their experience in this regard. In her words, “this happened to me once with four boys, we were in an informal conversation activity and we were chatting and laughing and telling anecdotes and they disclosed. But if you sit down and say: “Let’s talk about this”, they block themselves and they won’t want to talk about anything.”¹⁴⁶

5.3.2 Recognising CRSV against boys

During the course of the research it became clear that, while rape was always recognised as a human rights abuse regardless of who the victim is, other acts of sexual violence, such as forced nudity, particularly when committed against boys, are not necessarily understood in the same way either by victims/survivors, or by professionals engaged in supporting them.

When asked to reflect on the reasons for this, key informants highlighted a general lack of awareness among children of what constitutes sexual violence. They also pointed to the way in which violence, including sexual violence, is normalised in armed groups, such that it becomes accepted and not something to tell families and friends about, let alone report it to the authorities.

However, research participants also pointed to the highly gendered understandings of what constitutes sexual violence, which can affect whether a child recognises and discloses the experience or seeks help for harms resulting from it. Several participants explained that understandings of certain acts may differ according to whether committed against a girl or a boy. While there is violence that is rendered invisible

143 Interview with representative of the Specialised Care Programme, November 2023; Interview with representative of the Specialised Care Programme, November 2023.

144 FGD with male victims/survivors of child recruitment, Bogotá, 21 October 2023.

145 FGD with male victims/survivors of child recruitment, Bogotá, 21 October 2023; Interview with Family Defender within the Specialised Care Programme, November 2023; FGD with regional team within the Specialised Care Programme, November 2023.

146 Interview with representative of the Specialised Care Programme, November 2023.

for both boys and girls, research participants highlighted the way in which boys often regard acts of sexual violence as a part of military life and do not consider it as such. The same acts would be considered a form of abuse if perpetrated against girls.

One key informant gave the examples of forced nudity and sexualised physical contact and the different attitudes towards them that he encounters in his work with victims of child recruitment, depending on whether the victim/survivor is a boy or a girl. He explained, “It wasn’t [seen as] so serious that the commander ordered everyone to take off their clothes...[but] if it was a girl, it was serious, but if it was a boy... that’s what happens a lot with nudity and touching, if they touch the girl it’s serious, but if they touch the boy, well, it’s not serious because it’s a boy.”¹⁴⁷

It was also noted that boys who engage in sexual relations with female commanders generally do not see themselves, and are not perceived by others, as victims/survivors of CRSV, with the broader context of power asymmetries and the coercive environment being overlooked.

Experiences of sexual violence in the context of association with armed groups may also be normalised and reproduced following release. For example, several research participants raised concerns about the possibility of boys subjecting other boys to forced nudity and/or inappropriate touching, replicating previous behaviours. In view of these concerns, the importance of robust safeguarding measures within the Specialised Care Programme was stressed.

Research participants also pointed to the highly gendered understandings of what constitutes sexual violence, which can affect whether a child recognises and discloses the experience or seeks help for harms resulting from it.

Representatives of the Specialised Care Programme considered that broader understandings of sexual violence against girls are, at least in part, the product of many years of work in educational and other settings of building awareness among girls of their bodies as “subjects of rights”. It was noted, in this respect, that sexual violence against boys has to date received little attention.

It was stressed that dedicated spaces for boys within the Specialised Care Programme are needed to explore their experiences and understand them in relation to their physical integrity and autonomy, and their individual rights. A

case manager within the Specialised Care Programme noted the need for gradual processes to address the multiple layers of trauma starting with what is “less painful, less traumatic and less invasive”.¹⁴⁸ She and other research participants stressed the importance of avoiding telling any child that they are a victim of sexual violence, but rather supporting them to recognise that their life within an armed group

147 Interview with representative from COALICO, Bogotá, 25 October 2023.

148 FGD with Specialised Care Programme child protection practitioners, November 2023.

was not “normal”, and gradually helping them to identify violence and harms, including CRSV, that they may have experienced through processes of sensitisation and psychosocial accompaniment.¹⁴⁹

This is consistent with guidance on supporting boy victims/survivors of sexual violence which recommends that, in order to create awareness and non-judgemental understandings of sexual violence against boys and to facilitate memory work, the topic of male victimisation should be addressed in discussions and in information materials provided to children about the services available to them.¹⁵⁰

In discussions with research participants involved in implementing the Specialised Care Programme, it was also evident that the lack of knowledge and understandings of sexual violence against males is not unique to those who experienced it. For example, some practitioners were unaware that forced nudity is a form sexual violence and some believed that the experience of rape can “make” boys gay or transgender. This points to the importance of ongoing training of all those involved in implementing the Specialised Care Programme to ensure that such misconceptions are addressed and do not reinforce negative psychosocial impacts on boy victims/survivors such as confusion over their sexual orientation and/or gender identity.

5.3.3 Strengthening guidance

The practical implementation of the Specialised Care Programme is governed by various ICBF guidelines, including the Technical Guideline of the Specialised Care Programme, the Technical Guideline on Sexual Violence, and the Technical Guideline on Psychosocial Accompaniment.¹⁵¹

The Technical Guideline of the Specialised Care Programme outlines the steps to be taken from the moment the child enters the programme until they exit it. The Technical Guideline on Sexual Violence (applicable to all ICBF programmes including the Specialised Care Programme) provides guidance on measures to be taken when a child is identified in any ICBF programme as being a victim/survivor of sexual violence, while the Technical Guideline on Psychosocial Accompaniment (also applicable across all ICBF programmes) provides guidance on and sets out procedures for psychosocial support to child victims of armed conflict.

149 FGDs with Specialised Care Programme child protection practitioners, November 2023; See also, UNICEF and IRC, Caring for Child Survivors of Sexual Abuse Guidelines (previously cited), Chapter 3.

150 There is limited guidance on how this can be done, but positive examples include: European Commission, Culture of Care – Creating and Strengthening a Supportive Environment for Male Victims of Sexualized Violence. A Handbook for Professionals Working with Boys (previously cited), p 73; GBV AoR, Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination (previously cited), p. 34; and the “Blue Umbrella Day” campaign, which aims to draw attention to the sexual abuse of boys globally and strengthen prevention and protection which was cited by a representative from Taller de Vida-Family for Every Child in Colombia as a useful resource for work they are doing to raise awareness of the issue, and strengthen responses to it. For more information, see <https://www.blueumbrelladay.org/>.

151 ICBF, Technical Guideline of the Specialised Care Programme (previously cited); ICBF, Technical Guideline on sexual violence (previously cited); ICBF, Technical Guideline on Psychosocial Accompaniment Strategy for the Restoration of Rights and Contribution to the Comprehensive Reparation of Children and Adolescent Victims of the Internal Armed Conflict (*Lineamiento Técnico Estrategia de Acompañamiento Psicosocial para el Restablecimiento De Derechos y Contribución a la Reparación Integral a Niñas, Niños y Adolescentes Víctimas del Conflicto Armado Interno*), 2022, available at: https://www.icbf.gov.co/sites/default/files/procesos/lm10.p_lineamiento_tecnico_acompanamiento_psicosocial_a_ninos_ninas_y_adolescentes_victimas_de_conflicto_armado_v1.pdf (hereinafter Technical Guideline on Psychosocial Accompaniment).

The adoption of these and other thematic guidelines was regarded by research participants as positive in helping to standardise procedures. However, opportunities for further strengthening them were identified which, if addressed, could help those involved in the implementation of the Specialised Care Programme tailor support to the specific needs of children released from armed groups.

The lack of knowledge and understandings of sexual violence against males is not unique to those who experienced it.

Among the suggestions brought forth by research participants was the idea to develop specific/detailed guidance on responding to children who have suffered CRSV in the context of association with armed groups. The current Specialised Care Programme guideline does not include any reference to CRSV against children in this context and, although the Technical Guideline on Sexual Violence does acknowledge the vulnerability of children to sexual violence in armed groups, it does not provide specific guidance on how to respond to it. Similarly, while the Guideline on psychosocial support emphasises inter alia the importance of trust-building, the acknowledgment of experiences, and supporting the processing of emotions through recreational, educational and artistic activities, it does not provide specific guidance on supporting children who have experienced the double victimisation of recruitment and sexual violence.

In this regard, several research participants stressed the importance of locating sexual violence within broader and cumulative harmful experiences to enable holistic understandings and responses. One child protection practitioner shared her concerns about prioritising one form of abuse over another (for example, many children recruited and used by armed groups may also have experienced other human rights abuses and traumas such as displacement and loss of family members, as well as CRSV). She explained that “...these [multiple] impacts can get lost if they are identified as victims of one thing and the response focuses on that one thing. The model often does not have the capacity to address the needs and the impact that these three types of violations have on the lives of boys and girls.”¹⁵²

Although the guidelines do recognise boys as possible victims of sexual violence, more gender-specific guidance could also be beneficial. For example, the possible forms of sexual violence that might be suffered by children included in the Guideline on sexual violence is quite expansive but does not include certain forms of sexual violence which are commonly experienced by boys. These include, in the context of association with parties to armed conflict, being forced to commit or witness acts of sexual violence against others, and genital violence specific to male individuals (such as beatings, mutilation and electric shocks).¹⁵³

152 Zoom interview with representative of UN agency, 22 December 2023.

153 ICBF's Technical Guideline on Sexual Violence (previously cited) lists the following forms of sexual violence: sexual acts, rape, commercial sexual exploitation, early marriage, sexual slavery, forced pregnancy, forced abortion, forced contraception/sterilisation, and female genital mutilation, p. 13.

In addition, in setting out the possible general physical, mental and psychosocial harms that can result from experiences of sexual violence and how these may manifest according to age, the Technical Guideline lacks guidance on gender-specific experiences and harms. Developing such guidance could help practitioners understand the different ways in which sexual violence is experienced by girls, boys, and children with diverse sexual orientation, gender identity, gender expression or sex characteristics, and how these considerations should inform tailored interventions.

These limitations may have practical implications for the way in which child victims/survivors of CRSV are supported within the Specialised Care Programme. Several research participants suggested that they would benefit from more guidance and training on this issue particularly in relation to providing psychosocial support to child victims/survivors of CRSV (see section 5.3.4). Others highlighted the need for guidance to be more context-specific, noting that guidelines produced by ICBF headquarters in Bogotá do not always take account of the situation in the regions including the availability of services. It was suggested that this might be ameliorated by more involvement of staff from regional programme offices in drafting guidelines.

5.3.4 Enhancing training and expertise

Training of those involved in implementing the Specialised Care Programme varies depending on roles and responsibilities. Members of the family defenders' teams (family defenders, psychologists, social workers and nutritionists) are professionally trained in their respective discipline, as are the members of NGO implementing partners/operators' inter-disciplinary teams.

In addition, all members of the six regional teams (family defenders' teams and the operators) receive training and technical support from ICBF's headquarters. This includes a monthly virtual meeting in which representatives of all six regional offices participate and where the latest developments, concerns, and learnings from across the programme can be shared, cases discussed, and guidance sought. The teams additionally participate in periodic in-person trainings delivered by representatives of ICBF's headquarters and requests for support from ICBF's GBV and other specialised teams can be made as needed.¹⁵⁴

Research participants both from ICBF's headquarters and regional programme teams considered these interactions to be helpful, but also recognised that they are not always sufficient to address the number and complexity of issues that arise in the implementation of the Specialised Care Programme, including the challenges involved in supporting children who have experienced CRSV.¹⁵⁵

154 It was established in 2021 and is responsible for supporting all ICBF programmes to respond to cases of GBV, see ICBF response to official request for information from the Chamber of Representatives, No. 20231100000234121, pp.20-21, available at: <https://www.camara.gov.co/sites/default/files/2023-09/respuestas%20icbf%20prop.%20No.%207%2C%2008-20%20H.%29%201.pdf>.

155 Interview with representative from State institution, conducted on Microsoft Teams, 20 December 2023; FGDs with regional teams within the Specialised Care Programme, November 2023.

Foster mothers, who are selected by the ICBF based on criteria and recruitment processes set out in operational guidelines, receive monthly training from the NGO implementing partner/operator including specific training on responding to sexual violence.¹⁵⁶ For example, they are trained on requirements to inform the operators of any new development or concerns including possible signs of sexual violence and on protocols for ensuring the confidentiality of the child victim/survivor, should they accompany the child to hospital. This involves a colour coding system (Code Fuchsia) which is used to avoid publicly identifying the child as a victim/survivor of sexual violence to guards, receptionists and healthcare personnel and which activates procedures set out under the Ministry of Health and Social Protection's Protocol and Model of Comprehensive Health Care for Victims of Sexual Violence Protocol (Sexual Violence Protocol).¹⁵⁷

Research participants placed particular emphasis on the need for everyone involved in the implementation of the programme to be trained in receiving and responding to disclosures of CRSV by children given that this may take place in more informal interactions outside of, and often a long time after, formal interview processes.¹⁵⁸

Research participants placed particular emphasis on the need for everyone involved in the implementation of the programme to be trained in receiving and responding to disclosures of CRSV by children.

However, the potential for harm of enabling disclosures without appropriate support in place was also recognised. A case manager noted "If you don't know what to do with a piece of information, receiving it will be catastrophic".¹⁵⁹ Some research participants involved in implementing the programme said that they felt they lacked the expertise and experience to identify signs or respond appropriately to boy victims/survivors of CRSV and expressed a desire to strengthen their understanding of the issue and skills to address it.

Among the suggestions to strengthen training for members of the regional programme offices and/or for foster mothers and carers in protection homes were the identification of non-verbal signs of sexual violence in both boys and girls;¹⁶⁰ periodic training on psychological first aid, trauma-informed approaches, and on available referral pathways to be communicated to the affected child; and training on responding to children displaying high-levels of trauma.

156 See ICBF, Operational Manual on the Foster Care Modality (*Manual Operativo Modalidad De Acogimiento Familiar Hogar Sustituto*), 2021, available at: https://www.icbf.gov.co/sites/default/files/mo_hogares_sustitutos_28042021.pdf.

157 FGD with Specialised Care Programme child protection practitioners, November 2023; For the full Protocol, see Ministry of Health and Social Protection, Resolution 0459 of 2012, 6 March 2012, available at: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/DIJ/Resolucion-0459-de-2012.PDF>.

158 FGD with Specialised Care Programme child protection practitioners, November 2023.

159 FGD with Specialised Care Programme child protection practitioners, November 2023.

160 FGD with Specialised Care Programme child protection practitioners, November 2023; FGD with Specialised Care Programme child protection practitioners, November 2023.

These suggestions are consistent with guidelines on the issue which underscore the importance of knowledge and training about sexual violence against boys which “should include the gender perspective (gender roles, gender socialization, the influence of gender on the experience of violence) and the opportunity to work on [practitioner’s] own prejudices and conceptions of sexualized violence and gender roles.”¹⁶¹

5.3.5 Capacity for mental healthcare and psychosocial support within the Specialised ICBF programme

Over the years, the ICBF has built more capacity within the Specialised Care Programme to provide psychosocial support to participating children, through the psychologists and social workers who form part of the family defenders’ team, and by contracting NGO implementing partners/operators that are psychosocial specialists.¹⁶²

Research participants considered these measures to be valuable, but also noted that such support is not available at all times in all regional offices. For example, at the time the research was conducted, at least two of the six family defenders’ teams lacked a full-time psychologist. It was also emphasised that, even where this increased capacity is in place, the available support is still insufficient to address the complex needs of many of the children who pass through the programme. Among the challenges noted was the heavy caseload that each team member is responsible for, which can limit the time and resources that would normally be needed to build trusting relationships with individual children and tailor care to their needs and wishes. According to one FGD participant, a social worker or psychologist working with the family defenders’ team may be responsible for up to 50 children at a time.¹⁶³ Additional concerns were raised about capacity and expertise to provide individual specialised psychosocial accompaniment to child victims/survivors of sexual violence within the programme.

It was also noted that some children need more specialised mental health care, for which they are currently referred to mental health specialists in the public health sector in accordance with ICBF guidelines. Several research participants pointed to the need for and advantages of building this expertise into the Specialised Care Programme, both to ensure that this care is provided within the programme on an ongoing basis without the child being removed from their familiar surroundings, but also because, in practice, the highly specialised mental health care needed for child victims/survivors of CRSV is often not available in the public health system (see section 5.3.9).

Several research participants referred to cases where boys experienced trauma following disclosures but where the Specialised Care Programme child protection practitioners had felt unable to stabilise

161 European Commission, Culture of Care – Creating and Strengthening a Supportive Environment for Male Victims of Sexualized Violence. A Handbook for Professionals Working with Boys (previously cited), p. 76; see also GBV AoR, Guidance to Gender-Based Violence Coordinators Addressing the Needs of Male Survivors of Sexual Violence in GBV Coordination (previously cited), p. 13.

162 In four of the six regional programme offices an additional specialist operator has been added to provide psychosocial support to children within the programme.

163 FGD with Specialised Care Programme child protection practitioners, November 2023.

them and support their recovery. In certain cases, those working in the programme felt the need for specialised skills and knowledge to support boys who had suffered sexual violence.¹⁶⁴

5.3.6 Duration of support

Some research participants questioned whether the length of the support provided under the Specialised Care Programme is sufficient to achieve its purpose of restoring the rights of children formerly associated with armed groups. Participants working in regional programme offices were concerned that the length of time that is provided for in law (from six to 18 months duration of support, followed by a six-month follow-up period) is insufficient to support recovery from the experience of recruitment, let alone from other abuses often associated with it, including CRSV which, as noted above, often needs time before disclosure or signs are identified.¹⁶⁵ Although support under the Specialised Care Programme can be further extended beyond 18 months on application to a judge and a six-month period of follow-up support is provided by ICBF to children who have completed the programme, it is likely that many boy victims/survivors of CRSV are not identified within the timeframe of the programme, and therefore do not receive the specialised medical care and MHPSS that they may need.

Participants recognised that keeping children in alternative care for extended periods of time is not always in their best interest and that family integration should be prioritised (see section 5.3.7).¹⁶⁶ Nevertheless, some research participants suggested that it should be made possible for the process to be extended up to several years if necessary to ensure the full recovery of children with more complex needs.¹⁶⁷

For those who turn 18 while in the Specialised Programme, arrangements exist to ensure continuity of support via their transition to the ARN programme (see section 5.2). If they are known to have experienced CRSV, details will be included in a “closing report” shared by the ICBF in order for the ARN to put in place appropriate support. Research participants noted the advantages of this transfer, notably the continuity of support for social and economic reintegration, but they were unsure whether specialised support required by individuals who may have suffered CRSV as children was available under the ARN programme.

164 Interview with representative of the Specialised Care Programme, November 2023; FGD with Specialised Care Programme child protection practitioners, November 2023.

165 Code on Childhood and Adolescence (previously cited), Article 103 modified by Law 1878 de 2018, Article 6.

166 This is in line with principles and guidance on best practices for the reintegration of children associated with armed forces and armed groups that stress that early family reunification is usually in the child’s best interests. However, it is also recognised that this can take time. See Paris Principles (previously cited) and Paris Principles Operational Guidelines (previously cited).

167 Implementing partner’s concerns regarding the duration of the Specialised Care Programme is also captured in the latest ICBF and UNICEF study on the programme (previously cited), p. 78.

5.3.7 Family reintegration

The domestic legal framework establishes that children’s reintegration with their families should be prioritised and that protection measures, including placement in residential care, are temporary and transitional.¹⁶⁸ However, as noted in section 5.3, the home management modality of care, in which children are returned to and supported in their families, is the least used of the modalities.

Nevertheless, regular family contact for children in protection houses or foster care is promoted,¹⁶⁹ and the ICBF Technical Guideline on Sexual Violence underscores the importance of working with families of child victims/survivors of sexual violence to help them understand what has occurred and provide them with the knowledge and skills to support the child’s recovery.¹⁷⁰ Research participants involved in implementing the programme noted the efforts made in recent years to ensure more frequent contact between children and their families. Most children in residential care now have regular telephone or video calls with their parents or other family members, and face-to-face contact through informal family visits and more structured meetings that take place over three days (known as “collective meetings with families and support networks”) and involve a series of activities and psychosocial support sessions based on the needs of the child and their family.¹⁷¹

Notwithstanding these positive developments, the latest ICBF/UNICEF study emphasised the need to further strengthen family reintegration by increasing the number of structured meetings and providing more support to families and communities to prepare them for the return of children.¹⁷²

The importance of early family reintegration was also underscored by participants from the FGDs with male victims of child recruitment, who emphasised the importance of returning children to their families as quickly as possible following their release from armed groups. Several recalled their own desire to return home to be with their loved ones and “make up for the time they had lost.”¹⁷³ They spoke about the benefits of family contact and considered it to be particularly important for victims/survivors of sexual violence to be able to share their experience and receive support from their families. However, they also recognised the challenges for boys who have experienced CRSV to speak about abuses they suffered and the possibility that families will not understand or know how to respond to their disclosure, and for this reason they stressed the need for accompaniment throughout the process of family reintegration.

168 Code on Childhood and Adolescence (previously cited), Articles 103, 107 and 108, modified by Law 1878 of 2018.

169 See ICBF, Technical Guideline for the Inclusion and Care of Families in Programmes and Services (Lineamiento Técnico para la Inclusión y Atención de Familias en los Programas y Servicios), 2008, available at: <https://www.icbf.gov.co/el-instituto/sistema-integrado-de-gestion/lineamientos-tecnicos-para-la-inclusion-y-atencion-de>.

170 ICBF, Technical Guideline on Sexual Violence (previously cited), p. 97.

171 ICBF Technical Guideline on the Specialised Care Programme (previously cited), Annex 3; ICBF is looking at ways to increase the number of in-person family meetings from two to four in-person gatherings annually, but this will be dependent on the availability of funding and other resources.

172 ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited), pp. 64 and 85.

173 FGD with male victims/survivors of child recruitment, Bogotá, 21 October 2023; FGD with male victims/survivors of child recruitment, held on Zoom, 13 December 2023.

5.3.8 Responding to the needs of children from Indigenous and other ethnic communities

Reflecting the particular vulnerability of Indigenous children and children of African descent to recruitment and use by armed groups, they represent a significant proportion of children who have participated in the Specialised Care Programme (as per section 5.2, up to February 2024, 999 children from Indigenous communities and 658 children of African descent had passed through the programme). According to ICBF figures, the number of children from these communities who are known to have been victims/survivors of CRSV are low (33 Indigenous and 18 girls of African descent, and six Indigenous and two boys of African descent).¹⁷⁴

The reasons for these low numbers are unclear. However, research participants spoke about the way in which sexual violence is perceived in these communities and how this can create barriers to disclosure for Indigenous children or children of African descent who have experienced it. According to one key informant, for an Indigenous boy revealing that he was a victim of sexual violence would mean expulsion from his community because it would contravene notions of male strength and authority.¹⁷⁵ Others thought that more entrenched gender norms in communities of African descent may also make it particularly difficult for boys from these communities to recognise they had been sexually abused.¹⁷⁶ Disclosure by Indigenous children and children of African descent may also be discouraged by previous experiences of discrimination towards these communities, including in accessing health care.¹⁷⁷

It should be noted that none of the 42 research participants involved in the implementation of the Specialised Care Programme (as members of the family defenders' teams and NGO implementing partners/operators) self-identified as Indigenous and only one self-identified as of African descent. Nevertheless, research participants discussed the way in which the programme could be adapted to better support the needs and wishes of children from Indigenous and Afro-descendant communities, and the considerations that need to be taken into account for those among them who are or may be victims/survivors of CRSV. Research participants broadly agreed that the programme is not adequately tailored to support children from these backgrounds, and they acknowledged that they often lacked the expertise and experience to support children from different ethnicities.

Disclosure by Indigenous children and children of African descent may also be discouraged by previous experiences of discrimination towards these communities.

174 ICBF, Information system of the Specialised Care Programme (previously cited), as of 31 October 2023. On file with ASP.

175 Interview with representative from COALICO, Bogotá, 25 October 2023.

176 FGDs with Specialised Care Programme child protection practitioners, November 2023.

177 UNICEF and IRC, Caring for Child Survivors of Sexual Abuse Guidelines (previously cited), p. 47.

This has general implications for the recovery and reintegration of Indigenous children and children of African descent formerly associated with armed groups who, as noted in the ICBF/UNICEF study and by some research participants, often find it difficult to adapt to unfamiliar surroundings in residential care where their languages are not spoken, the food is unfamiliar, and their customs and habits are not known and may be forgotten by the child.¹⁷⁸

It also has specific implications for child victims/survivors of CRSV who (as noted above) can face social/cultural barriers to disclosing their experience but may also require forms of support that take account of the way in which this form of violence is understood in their communities and the differential harms that arise from it. For example, a psychologist working with former CAAFAG explained that in ethnic communities the bodies are regarded as “sacred territories” which has particular implications for how sexual violence is experienced and perceived.¹⁷⁹ A recent study on supporting boys who have suffered sexual exploitation in Colombia suggests that masculinity stereotypes within Afro-descendant communities exacerbated the feeling of stigma and shame in these boys which hindered their recovery.¹⁸⁰

The ICBF/UNICEF study on the Specialised Care Programme included recommendations on strengthening its “ethnic approach” including by building better understanding of what is needed to support the “restoration of rights” of children from these communities. Research participants also stressed the

importance of working more closely with Indigenous communities and of having greater representation from them among child protection and other experts both in ICBF’s headquarters and in the regional programme offices.¹⁸¹

These and other measures could help adapt the programme to address the needs and wishes of Indigenous children and children of African descent participating in it. They could also contribute to ensuring a survivor-centred approach to victims/survivors of CRSV in which modalities of care and support are adapted to take account of the diversity characteristics of each child, including gender, ethnic, religious and cultural differences, age and ability/disability, in a way that promotes recovery. Further research is needed to fully understand how this can best be achieved.

178 FGD with Specialised Care Programme child protection practitioners, November 2023; and ICBF and UNICEF, Study on the Characterisation of Children released from Organised Armed Groups in Colombia (2013-2022) (previously cited), pp.76 and 78. According to the study this is particularly the case in foster homes, where foster mothers are generally not from these communities.

179 Zoom interview with representative of national NGO, 17 January 2023.

180 ECPAT International, Case Study: Fundación Renacer in Colombia, 2023, p. 14, available at: https://ecpat.org/wp-content/uploads/2023/02/CaseStudy_Colombia_GBI_EN_2023.pdf.

181 FGD with Specialised Care Programme child protection practitioners, November 2023.

5.3.9 Ensuring access to appropriate public healthcare services

In accordance with the ICBF Technical Guideline on Sexual Violence, if a child discloses that they have experienced sexual violence, or it is thought that they might have, they are immediately referred to the health sector. This typically involves being taken to the emergency department of the nearest hospital where they undergo a physical and psychological examination, are tested for sexually transmitted diseases and from where referrals can be made for more specialised care if required.¹⁸²

However, according to research participants the existence of referral pathways does not guarantee that the child will receive safe, ethical, quality, and gender-sensitive medical or mental health care. In some cases, access to specialised treatment may be delayed, sometimes by months, because the child is not registered with the local Health Promoting Entity (*Entidad Promotora de Salud, EPS*) – which acts as an intermediary between patients and health service providers (such as clinics and hospitals) by coordinating healthcare requirements of those registered with it and its own network of service providers. Any child who is placed in care in a location where they were not previously living or are not already registered at must re-register with the local EPS before they can access healthcare (other than emergency care), which can be a cumbersome and lengthy process.¹⁸³

According to research participants, delays also occur because children in the Specialised Care Programme are often not treated as a priority in the healthcare system, even though by law victims of the armed conflict, including of CRSV, are considered “subjects of special protection” and entitled to priority psychological and psychiatric care.¹⁸⁴ It was noted that it is common for children to wait many months for appointments for specialised mental health care. For those who are victims/survivors of CRSV, such delays can undermine recovery. One research participant described how they often “have to learn to live with [the impact of sexual violence] and heal on their own”, because they cannot access appropriate mental healthcare in the healthcare system and (as noted in section 5.3.5) the Specialised Care Programme does not have sufficient expertise or capacity to provide it itself.¹⁸⁵ In the meantime, family defenders are often compelled to take legal action on behalf of the children to enable them to access the healthcare that they need and to which they are entitled.¹⁸⁶ It was suggested that priority routes could be established for children released from armed groups to avoid delays in re-registration with local EPS and delayed appointments.

182 In accordance with Resolution 495 of 2012, all cases of sexual violence are considered a medical emergency regardless of how much time has passed between the incident and the time of access. ICBF Guideline on sexual violence (previously cited) highlights that all child victims of all forms of sexual violence require specialised psychological care, p. 84.

183 The EPS can be public or private bodies and are also responsible for administering health insurance contributions. For further information, see ASP, Strengthening Survivor-centred Healthcare for Male Victims of Conflict-related Sexual Violence in Colombia, (forthcoming). In February 2023, in response to longstanding concerns about the healthcare system including the role of the EPSs, the government tabled a health reform bill which proposes significant reforms to the system. See Ministry of Health and Social Protection, Health Reform Bill, 13 February 2023, available at: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/proyecto-ley-reforma-salud-msps.pdf>.

184 Law 1751 of 2015, Article 11 and Law 1719 of 2014, Articles 23 and 24. The importance of continuity of access to health care is covered in the Technical Guideline on Restoration of Rights (previously cited), p. 193.

185 FGD with Specialised Care Programme child protection practitioners, November 2023.

186 At least three of the six family defenders’ teams described having to file legal requests for information (*derechos de petición*) before EPS, the Health Superintendency and/or having to institute an action of “tutela” to guarantee the children’s right to accessing healthcare.

Additional concerns were raised about the cursory way in which children in the Specialised Care Programme are often treated by healthcare workers, which research participants attributed to negative perceptions about children associated with armed groups. One key informant described how some children feared being identified as belonging to the programme because of the stigma associated with being a former CAAFAG. Others felt that children in the programme were not given sufficient attention by healthcare professionals because of their former association with armed groups. For example, they spoke about overly short appointments and overly quick diagnosis, overmedication and lack of monitoring and follow-up.¹⁸⁷

For children who are also victims/survivors of CRSV, such negative attitudes or apparently discriminatory treatment can represent yet another barrier to accessing and receiving appropriate healthcare. Although findings from research for this report did not indicate whether boys in the Specialised Care Programme are treated differently by healthcare workers compared to girls, previous research by ASP in Colombia found that male victims/survivors' of CRSV often experience negative attitudes or behaviours by healthcare workers, including being treated in a stigmatising, homophobic manner.¹⁸⁸

Some research participants raised more fundamental concerns about the capacity of the public health system to provide mental healthcare for former CAAFAG, questioning whether the skills and expertise exist within it to deliver the highly specialised care often needed by children who have survived recruitment and use, CRSV and other human rights abuses. In the words of one key informant, “what does a local health department of a category six municipality do with a boy in a psychiatric crisis due to post-traumatic stress disorder resulting from recruitment, from being a victim of some kind of violence, including sexual violence? They don't know what to do.”¹⁸⁹

While these and other concerns relating to the public health system are not within ICBF's power to resolve, they point to the need for urgent measures to improve the accessibility and quality of healthcare provision to victims/survivors of CRSV, and in doing so to recognise and address specific barriers that may be faced by certain categories of victims/survivors including on account of their status as former members of armed groups, their sex, sexual orientation, gender identity, age, disability and ethnicity.

5.3.10 Ensuring access to reparations

As noted in section 5.2, children who are released from “illegal organised armed groups” are entitled to comprehensive reparations including compensation. To access reparations, they must be registered with the Victims Unit according to the human rights violation of which they are a victim. In the case of children in the Specialised Care Programme, this is as a victim of “association of boys, girls

187 FGD with Specialised Care Programme child protection practitioners, November 2023.

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

189 Zoom interview with representative of UN agency, 22 December 2023.

and adolescents with activities related to armed groups”. If, during submission of their statement to the Public Ministry, they disclose having experienced CRSV, they may also be registered as a victim of “crimes against sexual freedom and integrity in the context of the armed conflict” (see section 5.3.1).

Whether or not a child discloses that they have experienced CRSV makes a difference to the amount of compensation they are entitled to under Colombia’s reparations programme. According to the Victims Law, a registered victim of either child association with armed groups or CRSV is entitled to up to 30 times the monthly legal minimum wage. Those who are registered as both are entitled to a maximum of 40 times the minimum wage.¹⁹⁰

The fact that so few boys disclose experiences of CRSV means that many may never receive the compensation and other reparations to which they are entitled. Research participants were aware of this, but raised questions about the process of registering children for reparations.

The fact that so few boys disclose experiences of CRSV means that many may never receive the compensation and other reparations to which they are entitled.

Concerns were raised about the risk of re-victimisation through repeated interviews with different stakeholders often with little expertise in working with children. Some also pointed to the possibility that, for some children, repeated questioning about experiences of CRSV may actually act as deterrent to disclosure.¹⁹¹ A case manager with an NGO implementing partner explained that children may be questioned about their experiences by multiple different stakeholders: “a boy or a girl who is a victim of any kind of violence, you take her or him to the medical centre and the doctor has to ask her or him all the questions. After that, you go to the justice system, and the justice system asks all the same questions. Then you go to the [National Institute of] Legal Medicine [and Forensic Sciences], and in Legal Medicine they ask all the same questions again.”¹⁹² Participants in FGDs with male victims of child recruitment shared the negative impact that repeated interviews had had on them.¹⁹³

Specific concerns were raised about the way statements are taken by the Public Ministry and whether officials have the appropriate skills and experience to take the statements of children who have likely suffered multiple traumas in the context of their association with armed groups, including potentially CRSV. It was suggested by some research participants that Public Ministry officials should receive training so that they have an understanding of the gendered experiences of children associated with armed groups and are able to recognise the possibility of associated human rights abuses such as

190 Decree 4800 of 2011, Article 149; The minimum wage in 2024 is 1,300,000 Colombian pesos (approximately USD 330) per month.

191 FGD with Specialised Care Programme child protection practitioners, November 2023.

192 FGD with Specialised Care Programme child protection practitioners, November 2023; The National Institute of Legal Medicine and Forensic Sciences of Colombia is a national-level entity, attached to the Office of the Attorney General of the Nation, responsible for conducting medico-legal examinations including in cases of sexual violence.

193 FGD with male victims/survivors of child recruitment, held on Zoom, 21 December 2023.

sexual violence, including against boys.¹⁹⁴ Others placed more emphasis on finding ways of avoiding repeated questioning about their experiences. Suggestions for how this might be achieved included using prior pre-written statements which could be used – with the consent of the child – for different purposes, including to register for reparations.

It should also be noted that all registered victims of the armed conflict are also entitled to emergency medical and psychological care (humanitarian aid), as well as to medical and mental healthcare, and psychosocial rehabilitation through the Programme of Psychosocial and Integral Health Care for Victims (*Programa de Atención Psicosocial y Salud Integral a Víctimas*, PAPSIVI) or via a psychosocial support programme run by the Victims Unit.¹⁹⁵ The scope of the research for this study did not allow for a full exploration of the relationship between the care and support provided under the Specialised Care Programme and that offered under by PAPSIVI and the Victims Unit under the domestic reparations programme. However, based on feedback in interviews and FGDs, it appeared that one of the six regional offices had a working relationship with PAPSIVI to which children in the programme are referred for psychosocial and other support. The absence of formal relationships with or standardised referral pathways to PAPSIVI was attributed to the fact that psychosocial support is already provided within the Specialised Care Programme which, because of its modalities of care, was considered by most informants to be more sustainable and better tailored to the specific needs of individual children. Further research would be needed to assess whether there may be benefits for children in the Specialised Care Programme accessing psychosocial support offered by PAPSIVI or the Victims Unit.¹⁹⁶

5.3.11 Extending support to all children associated with armed groups

In addition to discussions about how the Specialised Care Programme could better respond to child victims/survivors of CRSV participating in the programme, research participants also reflected on ways in which other child victims/survivors of CRSV could be supported. The discussions focused first on children recruited by armed groups defined as “organised criminal groups” (that is, all armed groups other than those recruited by *Clan del Golfo*, FARC dissident groups and ELN) who are not eligible for the Specialised Care Programme (see section 5.2 above) and then on children recruited by “eligible” armed groups who are demobilised or otherwise leave the group and return to their communities without the involvement of the authorities.

In its 2010 concluding observations on the implementation of the OPAC in Colombia, the UN Committee on the Rights of the Child expressed concern about the “potentially discriminatory treatment of children depending on which illegal armed group they are demobilized from”.¹⁹⁷ Concerns have also been raised

194 Zoom interview with representative from State institution, 19 December 2023.

195 Victims Law (previously cited), Article 47.

196 There have been criticisms of the models of psychosocial support offered by the PAPSIVI and Victims’ Unit programme, including because of their short-term and generic nature. For further details see, ASP, *Enhancing Survivor-centred Healthcare for Male Victims of Conflict-related Sexual Violence in Colombia*, forthcoming.

197 UN Committee on the Rights of the Child, *Concluding Observations: Colombia*, UN Doc. CRC/C/OPAC/COL/CO/1, 21 June 2010.

by the Committee and others about the fate of children who were informally released during the demobilisation of the AUC and FARC-EP, most of whom are now adults, but who, because of the manner of their demobilisation, were unlikely to have registered as conflict victims and have therefore not received reparations or other support for having been illegally recruited by armed groups.

Under current arrangements, children captured or otherwise released from “organised criminal groups” may have access to ICBF programmes other than the Specialised Care Programme, but research participants shared their perception that increasing numbers of children over the age of criminal responsibility (14 years) associated with “organised criminal groups” and who are caught in the act of committing crimes are being detained and prosecuted under the juvenile justice system.¹⁹⁸ Given documented patterns of sexual violence against children associated with these groups (see section 4.2), concerns were raised that victims/survivors of CRSV may be among the children being detained, rather than receiving the specialised support that is essential for their recovery and reintegration.¹⁹⁹

Concerns also persist about children who are, in theory, eligible for support under the Specialised Care Programme (i.e. children recruited by *Clan del Golfo*, ELN or FARC dissident groups), but for various reasons do not access this support. According to research participants, many girls and boys continue to leave these groups without notifying the authorities. As a result, they are not registered as conflict victims, do not receive reparations for the human rights abuses committed against them, and are unlikely to receive medical care and MHPSS for the harms that they have endured. For victims/survivors of CRSV in the context of their association with armed groups, this can have devastating consequences for their long-term physical and mental health as well as their social and economic well-being. Research participants suggested that this could be addressed through a greater focus on community-based responses to child recruitment and use, including by strengthening community-based child protection systems to facilitate the identification of and support to children affected by recruitment and use, CRSV and other conflict-related abuses.

198 For more information see Office of the Ombudsman, The Country of Forgotten Children: Victims of Recruitment and Use Unrecognised by the Adolescent Criminal Recognised by the Criminal Justice System for Adolescents, SRPA (*El País de los Niños Olvidados: Víctimas de Reclutamiento y Utilización No Reconocidos por el Sistema de Responsabilidad Penal Adolescente*), October 2017, available at: https://publicaciones.defensoria.gov.co/desarrollo1/ABCD/bases/marc/documentos/textos/El_pais_de_los_ninos_olvidados_victimas_de_reclutamiento_y_utilizacion_no_reconocidos_por_el_SRPA.pdf.

199 According to the Code on Childhood and Adolescence, Article 175, the deprivation of liberty of children should only be used as a last resort (previously cited).

6.

Conclusion and recommendations

The Specialised Care Programme has gone through many iterations since it was first established in 1999. Efforts towards further strengthening the programme are ongoing so that it can provide the necessary support for the recovery of children formerly associated with armed groups and their reintegration with their families and broader communities. This ongoing process of assessment and strengthening of the programme provides an opportunity to consider ways in which the rights, needs and wishes of children who have suffered CRSV in the context of their association with armed groups can be comprehensively addressed.

Research participants showed significant interest and willingness to look at ways in which the programme could be adapted and their own skills and capacities strengthened to better respond to boy victims/survivors.

It was clear from the research that, despite a growing body of evidence that boys associated with armed groups are vulnerable to CRSV, disclosure rates are low and experience of supporting boy victims/survivors limited.

Research participants, however, showed significant interest and willingness to look at ways in which the programme could be adapted and their own skills and capacities strengthened to better respond to boy victims/survivors. They also demonstrated awareness of the need for the programme to be more responsive to children from different cultures, particularly children from Indigenous communities or children of African descent who have always been vulnerable but are increasingly targeted for recruitment and use by armed groups.

Bearing in mind the importance of prevention, it is important to recall the recommendation of the UN Secretary-General in his latest report on children and armed conflict in Colombia (February 2024) in which he called for “...the implementation of an inter-institutional strategy to prevent the recruitment and use of children and for the swift activation of an emergency response mechanism to protect

children at imminent risk of recruitment, sexual violence and other grave violations, through the operationalization of the immediate action teams in conflict-affected areas.”²⁰⁰

In the meantime, the following sets out recommendations on issues that emerged from the research, including suggestions directly from participants. In some cases, recommendations are specific to boys, but others speak to broader measures that could be taken to ensure that the Specialised Care Programme responds effectively to any child who suffered CRSV. Beyond the Specialised Care Programme, recommendations also relate to the health sector and justice responses to children who have been recruited and used in armed conflict as part of a continuum of care, support and remedy that is required for their reintegration.

Recommendations

Recommendations to the ICBF on the Specialised Care Programme

i. Acknowledge and reflect the possibility of CRSV against boys associated with armed groups in all aspects of the design and delivery of the Specialised Care Programme:

Consider ways in which the programme and processes within it could be adapted to identify and respond in a gender-sensitive manner to boy victims/survivors through, *inter alia*:

- Ensuring that processes of formal and informal interaction between children and child protection practitioners are designed to support safe disclosure of CRSV by boys if relevant/they choose to do so.
- Paying particular attention to non-verbal signs and other indications of the many forms that CRSV against children can take, bearing in mind that non-disclosure should not be interpreted to mean that CRSV has not occurred.
- Considering whether and how information about experiences of CRSV by children in the Specialised Care Programme can be safely and confidentially shared with health and justice sectors (with the assent of the child) in order to avoid repetitive, intrusive, and potentially re-traumatising questioning about their experiences of CRSV.

ii. Develop guidance on responding to CRSV against children in the context of association with armed groups and more gender-sensitive guidance on responding to CRSV against boys:

Undertake a review, in consultation with family defenders’ teams, NGO implementing partners, foster and other carers, of relevant technical guidelines to ensure they are fully gender-inclusive and address specific harms that can result from CRSV in the context of children’s association with armed groups. In conducting these reviews, consideration should be given to ensuring that:

200 United Nations, Report of the Secretary-General on Children and Armed Conflict in Colombia, February 2024, S/2024/161, para. 62.

- The 2022 Technical Guideline of the Specialised Care Programme incorporates detailed guidance on identifying and responding appropriately to CRSV against boys and girls associated with armed groups.
- The 2018 Technical Guideline on Sexual Violence is fully gender-inclusive and that it includes, *inter alia*, a more comprehensive list of forms of sexual violence that may be experienced by boys, including male genital violence, being forced to commit or participate in acts of rape and other forms of sexual violence or witnessing of sexual violence against others, and detailed guidance on gender-specific harms that can result from CRSV for girls, boys, and children with diverse sexual orientation, gender identity, gender expression or sex characteristics.
- The 2022 Technical Guideline on Psychosocial Accompaniment incorporates detailed guidance on supporting child victims/survivors of recruitment and CRSV.
- All the technical guidelines applicable to the Specialised Care Programme establish the differential and cumulative harms experienced by boys and girls in the context of the armed conflict, such as the double victimisation from sexual violence and association with armed groups.

iii. Train all staff and carers in gender-sensitive and intersectional understandings of sexual violence:

Ensure that all those involved in implementing the Specialised Care Programme receive comprehensive training and ongoing support on working with boy victims/survivors of CRSV. In response to concerns by some research participants that they lacked the expertise to identify and respond appropriately to boy victims/survivors of CRSV, consideration should be given to ways of enhancing knowledge and skills through formal training and ongoing mentoring and other support to ensure that they are able to identify non-verbal or other signs in boys of their having been subjected to sexual violence, and respond in a survivor-centred, gender-sensitive and trauma-informed manner to disclosures of CRSV by boys. Training should also address common misconceptions and myths about the causes and consequences of sexual violence against boys (including the belief that this abuse is related to sexual orientation/gender identity) and should explore and challenge possible counter-productive attitudes towards boy victims/survivors.

iv. Enhance capacity for MHPSS for child victims/survivors of CRSV:

Continue efforts to build capacity within the Specialised Care Programme to provide psychosocial support for children, including those who have suffered CRSV, and consider the merits of providing specialised mental healthcare within the programme.

- To ensure that all child victims/survivors of CRSV, including boys, have access to individual, safe, ethical, quality and gender-sensitive psychosocial support throughout their participation in the Specialised Care Programme, funding should be sought to increase the numbers of child protection practitioners, child psychologists and other specialists in regional programme offices trained and experienced in responding to CRSV, including against boys.

- Responding to concerns from research participants about the difficulty of accessing and lack of availability of specialised mental healthcare in the public health system for children who have suffered multiple conflict-related traumas in the context of their association with armed groups, further reflection should be undertaken on whether specialised mental health care, including for children who are victims/survivors of CRSV, should be made available within the programme.

v. Provide long-term support to victims/survivors of CRSV:

Consider ways in which support to child victims/survivors of CRSV in the context of their association with armed groups can be extended to ensure their full recovery and reintegration. The extent and complexity of harms endured by children who are victims/survivors of both child recruitment and use and CRSV means that longer-term support may be required. Further consideration is needed on how such support could best be provided, whether within the programme, through longer-term community-based follow-up support, or through other routes, for example, as part of the domestic reparations programme or, for those who have turned 18 years old, through ensuring specialised support with ARN. The government of Colombia and donors should work with the ICBF to ensure adequate resources, including funding, for long-term support.

vi. Strengthen the provision of family support:

Consider ways in which during the reintegration process support to the family can contribute to the recovery and healing of children released from armed groups who are victims/survivors of CRSV. Family support can be particularly beneficial for boy and girl victims/survivors of sexual violence to reduce the stigma they may suffer while reintegrating and should be strengthened as part of the ICBF's ongoing efforts to ensure greater contact and reintegration of children with their families. Families should also be provided with tools to receive and care for child victims/survivors of CRSV.

vii. Tailor support to Indigenous children and children of African descent:

Consider ways in which the Specialised Care Programme can better support the recovery and reintegration of children from Indigenous and Afro-descendant communities, including those who are victims/survivors of CRSV. In response to the ICBF's own analysis and that of research participants that the Specialised Care Programme is insufficiently tailored to respond to the rights and needs of children from Indigenous and Afro-descendant backgrounds, including those who are victims/survivors of CRSV, consideration should be given to measures that would strengthen the "ethnic sensitivity" of the programme. These include working more closely with families from ethnic communities and having greater representation from these communities among child protection and other experts both in ICBF's headquarters and in the regional programme offices. Consideration should also be given to how the programme supports child victims/survivors of CRSV from these backgrounds in a manner that takes full account of the different and intersecting ways in which harms resulting from sexual violence may impact the child, their families and their communities, based on their culture and territories.

viii. Undertake regular in-depth assessment of responses to CRSV against girls and boys by the Specialised Care Programme and associated services, in so doing:

- Include boys in assessments of the programme's responses to CRSV: 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 systematically factored into the design of all phases of 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, able to participate in the design and implementation of the programme.

Recommendations to the health sector

i. Strengthening responses by the public health system to child victims/survivors of CRSV:

Ensure that children formerly associated with armed groups who are victims/survivors of CRSV referred to specialist medical treatment and mental health care are treated as a priority and receive safe, ethical, quality and gender-sensitive care. Among the measures that should be considered are:

- Streamline the re-registration of children released from armed groups with health insurance providers/EPs in their new places of residence in order to enable access to non-emergency healthcare.
- In accordance with Constitutional Court jurisprudence requiring that victims of the armed conflict and particularly children be granted special protection, ensure that children formerly associated with armed groups including those are victims/survivors of CRSV are prioritised by the healthcare system.
- Ensure that all healthcare workers receive training on survivor-centred, gender-sensitive, and child-competent practices related to the treatment of victims/survivors of child recruitment and CRSV, including boys.

Recommendations to the justice sector

- i. Ensure that all officials in the entities of the Public Ministry who are responsible for taking victim/survivor registration statements are trained in interviewing child victims of association with armed groups and in identifying, supporting, and responding to children who may have been subjected to CRSV, including boys.**

Recommendations to the government

- i. **Ensure that all children recruited and used by armed groups are treated primarily as victims of violations of international law and human rights, entitled to support for their recovery and reintegration regardless of the group with which they are associated.**

Those that have additionally suffered CRSV in the context of their association with armed groups must be provided with medical and MHPSS support and access to justice including reparations.

- In accordance with recommendations by the UN Committee on the Rights of the Child, the government should ensure the non-discriminatory treatment of all children regardless of which armed group recruited and used them, by ensuring that all children receive survivor-centred (including age appropriate, gender and ethnically-sensitive and disability-inclusive) care for harms resulting from their experience of recruitment and use and other associated human rights abuses, including CRSV.
- In accordance with international standards and the Colombian Code on Childhood and Adolescence, detention of children, including those subjected to recruitment and use by armed groups, should be avoided, being used only as a measure of last resort if the child is suspected of having committed a serious criminal offence, and for the shortest time. Non-judicial alternatives to judicial proceedings and detention should be considered and the reintegration of the child prioritised.
- Additionally, given the large numbers of children (many of whom may now be adults) who were released informally from armed groups in the past, or have escaped or otherwise left groups of their own volition without reporting to the authorities, consideration should be given to how support for their physical and psychological recovery could be extended to them, including those who may also have suffered CRSV, including through community-based child protection programmes.

Annex 1 - Methodology

1. Research Design and Technical and Ethical Approval

The research design was informed by preliminary desk-based research and consultations with the ICBF and other key governmental and non-governmental stakeholders involved in child protection during the scoping mission.

A research protocol was subsequently developed for which ethics approval was received from Profamilia's Research Ethics Committee in Colombia (*Comité de Ética en la Investigación de Profamilia, CEIP*) and technical approval from ICBF's Sub-directorate for Monitoring and Evaluation in October 2023.

2. Key Principles

The research was informed by following key principles:

Participatory: Although the research was designed and led by ASP under the coordination of the OSRSG CAAC, input from key stakeholders was sought at each stage, including on the focus and research methodology through reviews of the research protocol by the ICBF; of the hypothetical scenario used in the FGDs with male victims/survivors of child recruitment by the ICBF and COALICO; and through reflections on key questions during semi-structured interviews and FGDs.

Forward thinking and action-oriented: The research sought to engage stakeholders in joint reflections on ways in which responses for boy victims/survivors of CRSV could be strengthened in the context of CAAFAG reintegration programmes. The findings and recommendations that emerged from the research will be shared with participants for further discussion.

Respectful of children's agency and right to participation: For ethical reasons, under-18s did not participate in the research, but the research sought input from young adult males who were formerly associated with armed groups as children.

3. Methods

The study used the following qualitative research methods:

Methods	Description	Number of participants
DESK REVIEW	Legal and policy framework; relevant reports; databases; academic sources	N/A
SEMI-STRUCTURED INTERVIEWS	Child protection practitioners directly involved in the design, management and/or implementation of the Specialised Care Programme including representatives of the team responsible for the programme at ICBF headquarters and the family defenders in the regional offices	7
	Other key child protection, GBV, justice and health care actors providing support to children affected by the conflict including CAAFAG and/or victims of CRSV	15
FOCUS GROUP DISCUSSIONS	Child protection practitioners directly involved in the implementation of the Specialised Care Programme	36
	Adult men who were formerly associated with armed groups as children	8
	Representatives from local NGOs involved in child protection or responding to GBV	7

Table 1 : Methods and description.

4. Data Collection

Following the scoping mission field-based data collection involving FGDs and semi-structured interviews took place in six locations (see tables below).

Semi-structured interviews

A total of 22 semi-structured interviews (face-to-face and virtual) were held with individuals that can be categorised in two groups:

Seven interviews with child protection practitioners directly involved in the design, management and/or implementation of the Specialised Care Programme: They included interviews with six field-based Family Defenders, and one online interview with a respondent from ICBF headquarters in Bogotá.

15 interviews with other key child protection, GBV, justice or healthcare stakeholders involved in supporting children affected by armed conflict and/or victims of CRSV: they included representatives of national/government entities, UN, local, national and international NGOs, and academia.

Demographic data was collected from each interviewee:

- Twelve (or 52%) of the interviewees identified themselves as men, nine (or 42%) as women, and one preferred not to specify;
- Seventeen (or 81%) of the interviewees did not indicate any ethnic affiliation, two of them identified as Afro-Colombian, and three indicated another ethnic affiliation such as mixed race;
- The interviewees came from 10 of the 32 departments of Colombia.

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

- Patterns, perceptions and responses to recruitment and use of children and CRSV against children in Colombia;
- Design and implementation of the Specialised Care Programme;
- Strengths and challenges in responding to the needs of children released from armed groups (particularly boys) who are victims of CRSV.

All interviews were audio recorded and transcribed except for two participants who did not wish to be recorded and where written notes were taken.

FGDs

A total of 51 participants took part in nine FGDs (eight face-to-face and one held on Zoom). The FGDs, which took place in November 2023, were held with three categories of persons:

Six FGDs with child protection practitioners directly involved in the implementation of the Specialised Care Programme. Thirty-six participants directly involved in the implementation of the Specialised Care Programme took part in six in-person FGDs in the six locations where the residential care modality is implemented. Those who participated were:

- members of the family defenders' teams (typically comprised of the family defender, a psychologist, a social worker and a nutritionist);
- child protection practitioners working for implementing partners/operators, generally NGOs contracted by ICBF to implement the Specialised Care Programme, including coordinators, case managers, psychologists, social workers and foster mothers.

According to the demographic data:

- Thirty (or 83%) of the participants identified as women and six (or 17%) as men;
- Thirty-five (or 97%) of the participants did not indicate any ethnic affiliation and one of them identified as Afro-Colombian;
- The participants came from eight of the 32 departments of Colombia.

Participants were:

- 12 Psychologists (4 from family defenders' teams, 8 from implementing partners);
- 8 Social workers (3 from family defenders' teams, 5 from implementing partners);
- 5 Case managers from implementing partners;
- 5 Coordinators from implementing partners;
- 4 Foster mothers;
- 1 Nutritionist from an implementing partner;
- 1 Family defender.

One FGD with representatives from local NGOs involved in child protection or responding to GBV: seven participants, including child protection and GBV actors from local NGOs, took part in one face-to-face FGD in the city of Cali.

According to the demographic data:

- Six (or 86%) of the participants identified as women and one as a man;
- Four (or 57%) of the participants did not indicate any ethnic affiliation, one of them identified as Afro-Colombian, and two indicated another ethnic affiliation;
- The participants came from four different local NGOs.

Two FGDs with adult men who were formerly associated with armed groups as children which included eight men previously recruited and used as children by FARC-EP. One of the FGDs was held in Bogotá and one was conducted online. COALICO advised on these and supported their organisation. The FGDs involved the presence of a psychologist from the national NGO Corporación Vínculos (a member organisation of COALICO specialised in psychosocial support to victims of the armed conflict). The eligibility criteria for victims of child recruitment to participate in these FGDs was to be age 18 or older; have been associated with an armed group while under 18; have had assigned male sex at birth and/or identify as male/men; be in a stable psychosocial situation as identified by COALICO which accompanies their cases; and be able to voluntarily consent to participate.

According to the demographic data and other relevant collected information:

- All the participants identified as men;
- One participant identified himself as Indigenous while the other seven participants did not indicate any ethnic affiliation;
- The participants came from five of the 32 departments of Colombia;
- All were victims of recruitment by FARC-EP;
- They left FARC-EP in 1996, 2000, 2003, 2008, 2011, 2016 and unknown;
- Six (or 75%) went through the Specialised Care Programme (one of those also indicated that he had also gone through the differential path of life programme, and ARN); one indicated that he just gone through ARN; and one did not participate in any programme.

Each FGD lasted between 90 and 120 minutes and was based on a storytelling approach in which a vignette/story of a male victim/survivor of child recruitment and sexual violence was used to prompt a discussion whereby different types of participants were asked to discuss the story through the eyes of the victim/survivor to reflect on:

- Experiences and perceptions around CRSV against boys and child recruitment;
- Barriers that children released from armed groups who are victims of CRSV may face in accessing responses;
- Appropriate responses based on specific characteristics of the victim/survivor including gender, geographical location, SOGIESC, and ethnicity;
- Views around the design and implementation of responses to CRSV within reintegration programmes including the Specialised Care Programme.

All FGDs were audio recorded and transcribed.



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