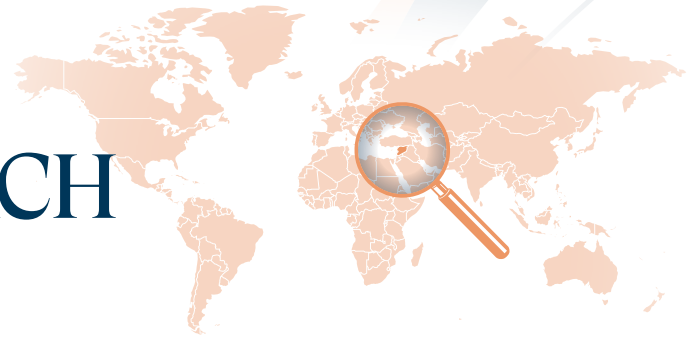


ADVANCING A HOLISTIC APPROACH TO JUSTICE AND ACCOUNTABILITY FOR CRSV SURVIVORS



The following case study has been written by an independent consultant on behalf of the Global Initiative for Justice, Truth and Reconciliation (GIJTR). This case study is informed by a combination of desktop research, document analysis and interviews. It therefore reflects these perspectives and findings, as compiled and written by the consulting author(s). Interviewees have been anonymized to ensure their safety and privacy but GIJTR extends its gratitude for the time and participation of all interviewees.

A Case Study from Syria

Author: Synergy for Justice

Introduction and Background

Since its inception in 2015, Synergy for Justice (Synergy) has been working with local partners to support Syrian survivors of conflict-related sexual violence (CRSV) and torture. Together with Lawyers and Doctors for Human Rights (LDHR) since 2015, and more recently, with Amal Healing and Advocacy Center (AHAC), Synergy has had extraordinary access to the stories, data, and experiences of CRSV survivors who have had their cases forensically documented with the intent of pursuing justice and accountability for the crimes they have endured. Access to more than 500 de-identified, redacted medical reports of CRSV survivors has allowed us to better understand the horrific experiences, both the acute and chronic impacts, and the long-term needs that many of these survivors have. Over the past seven years, Synergy and LDHR have produced several thematic human rights reports detailing the experiences of those who have been arrested and detained by agents of the Assad regime. All reports have been based on data analysis of the forensic medical reports produced by LDHR doctors who have received several weeks of training on how to conduct forensic

medical documentation according to the *Manual on the Effective Investigation and Documentation of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment* (a.k.a. the “Istanbul Protocol”).¹ Synergy and LDHR have sought to highlight the experiences of CRSV survivors in an effort to demonstrate the immense scale of crimes occurring in Syria, preserve evidence of those crimes so that survivors may seek justice, and illuminate the impacts that CRSV survivors must deal with in both the immediate aftermath of the events and for the rest of their lives. Synergy and LDHR trainers, researchers, and documenters already brought legal, medical, and psychological expertise to the work back in 2016, but since that time, our understanding has deepened as we have learned from the survivors themselves about their experiences, the impacts of CRSV, and their needs.

For this case study, we have reviewed forensic medical evaluations (FMEs), human rights reports and recommendations authored by us, donor reports, and proposals wherein we have discussed and analyzed our findings over the years. Synergy co-founders, as well as long-time LDHR personnel and documenters, were interviewed about their experiences and lessons learned from the work. We have also drawn upon Synergy’s soon-to-published guidance document, *Syria Supplement to International Protocol on the Documentation and Investigation of Sexual Violence in Conflict 2nd Edition*.

Syria, located in the Middle East, has a rich and diverse history that dates back thousands of years. It has been home to ancient civilizations, including the Phoenicians, Assyrians, Greeks, Romans, and Byzantines. Syria gained independence from the French mandate in 1946 and since then has experienced periods of political instability, including several military coups and harsh authoritarian rule. The Syrian conflict, which began in 2011, emerged as part of the wider wave of protests known as the “Arab Spring.” The uprising initially started as a peaceful demonstration by Syrians demanding political reforms, an end to corruption, and respect for human rights. However, the government of President Bashar al-Assad responded with violence, leading to the escalation of the conflict into a full-scale civil war.

The conflict in Syria has been characterized by its complexity, with multiple actors involved and various geopolitical interests at play. Opposition groups and armed factions emerged, leading

The Global Initiative for Justice, Truth and Reconciliation

In 2014, the International Coalition of Sites of Conscience (ICSC) launched the Global Initiative for Justice, Truth and Reconciliation (GIJTR), a consortium of nine international organizations focused on offering holistic, integrative and multidisciplinary approaches to issues of truth, justice and reconciliation. GIJTR works primarily with local populations, civil society organizations, survivors and governments to develop transitional justice approaches that are victim-centered, collaborative, and support dignity, respect, inclusion, and transparency in societies emerging from conflict or periods of authoritarian rule. Since its founding, GIJTR has engaged 801 local civil society organizations; 78 countries; 43 publications; collection of over 8,000 narratives of human rights violations; and supported 588 civil society organizations dealing with human rights violations.

For more information, please visit gijtr.org.



to a fragmented and protracted conflict. The conflict's dynamics are further complicated by the involvement of international actors. Various countries, including regional powers and global players, have supported different factions, leading to increased militarization and external interventions. The conflict has witnessed the rise of extremist groups, such as ISIS (Islamic State of Iraq and Syria), which has further exacerbated the violence and contributed to the displacement of populations.

The impact of the conflict has been devastating for the Syrian population. Millions of people have been internally displaced, with many others seeking refuge in neighboring countries and beyond. Over five million Syrians have officially registered in United Nations High Commissioner for Refugees' (UNHCR's) data portal as asylum seekers. Within Turkey, the government has documented 3,366,185 Syrians residing within its borders. According to the UNHCR data, Lebanon, Jordan, Iraq, and Egypt have recorded 805,326, 660,022, 262,218, and 147,401 Syrians, respectively.² It is important to note that neighboring countries such as Lebanon and Turkey acknowledge that these figures solely represent registered individuals, whereas a significant number of people have escaped the war through unofficial border crossings and are now living unregistered with severely limited access to protection services. The destruction of infrastructure, including hospitals, schools, and residential areas, has had severe humanitarian consequences. The conflict has also resulted in a significant loss of life, with estimates of casualties ranging from hundreds of thousands to over a million.

The Syrian conflict has been marked by widespread and systematic CRSV, which has had devastating consequences for individuals and communities. Both government forces and non-state armed groups have been implicated in perpetrating these crimes. CRSV in Syria encompasses a range of heinous acts, including rape, sexual slavery, forced marriages, sexual torture, and other forms of gender-based violence. Based on Synergy for Justice and LDHR's documentation, 86 percent of women who were detained reported during their medical evaluations that they experienced some form of sexual violence or harassment in detention, while 61 percent reported more than one form of sexual violence.³ These acts have been employed as weapons of war, tools of intimidation, punishment, and control over communities, leading to severe physical and psychological trauma.

Women, girls, and LGBTQ+ individuals have been particularly vulnerable to CRSV, but men and boys have also been targeted. In 2019, Synergy and LDHR published a report on the impact of sexual violence on men and boys in detention. Of the 138 medical reports reviewed for the report, 87.7 percent reported some form of sexual violence, 42.7 percent reported more than one form and half reported sexual violence other than forced nudity. Almost one quarter of the males reported direct assault of their genitals, while 15 percent disclosed threats or forced witnessing of sexual violence and 84 percent of the men and boys reported forced nudity. Deeper analysis of the 15 male survivors in detention in the case studies shows that the impact of the sexual violence has been long term and devastating, affecting their daily lives, their relations with their family, and their engagement and position within their communities.⁴ According to the UN factsheet from 2021, approximately 97 percent of reported cases of CRSV worldwide involve women, while only 1 percent involve men and boys.⁵ Challenging social and cultural assumptions that portray men as invulnerable is crucial, as it often contributes to the stigma faced by male and transgender survivors. The conflict has seen the deliberate targeting of specific ethnic, religious, and minority groups, exacerbating the vulnerability of certain communities. Instances of sexual violence have been reported in detention centers, in checkpoints, during forced displacement, and in areas under the control of various armed groups, further compounding the suffering experienced by survivors.

When arbitrary arrest, detention, torture, and conflict-related sexual violence are committed at scale during a military conflict or in places where due process is non-existent, it is nearly impossible for perpetrators to be held accountable by the justice system of their home nations. When governmental systems are autocratic, self-serving, and corrupt, impunity for human rights violations is an inevitable outcome of those in power using any and all means to remain in power. As the conflict in Syria rages on with no end in sight, pathways and processes for seeking justice and accountability for survivors are few and very far between. As long as Bashar Al-Assad remains in power, there will be no meaningful accountability processes occurring in Syria. For decades, both under Bashar Al-Assad and under his father, Hafez Al-Assad, the security sector in Syria has been used to control the Syrian population through a brutal regime of arbitrary arrest, detention, and torture, including sexual violence. The combination of uncertainty and terror resulting from the oppression inflicted by the government-controlled security sector has grievously affected Syrians' everyday lives and inhibits citizens' ability to demand justice for the human rights violations and crimes inflicted by the regime. Syrians remaining in areas under the control of the Syrian government live in fear of hearing a knock on the door from any of the various security branches, which the Syrian government uses to continue to suppress freedom of speech and association. While there are several Syrian-led organizations working on documenting and addressing the gross and systematic human rights violations occurring in Syria, they are primarily looking to share evidence with justice venues outside Syria, including Germany, France, Austria, the Netherlands, and other countries in the European Union that have begun considering or undertaking the first steps toward assertion of universal jurisdiction for prosecution of Syrian perpetrators of CRSV and torture.

Universal jurisdiction, an alternative route to pursuing justice and accountability, is a legal principle that allows national courts to exercise jurisdiction over individuals for certain serious crimes, regardless of where the crime was committed, the nationality of the perpetrator or the victim, or any other connection to the country exercising jurisdiction. It enables a state (nation) to prosecute individuals who have committed crimes considered to be particularly heinous and have a global impact, such as crimes against humanity, genocide, and torture. The principle of universal jurisdiction is based on the idea that certain crimes are so severe that they concern the international community as a whole, and that no state should be allowed to provide a safe haven for perpetrators of such crimes. Universal jurisdiction is an expansive undertaking by several governments around the world to create accountability for exceptionally terrible crimes that demand international interventions. Universal jurisdiction is enacted differently from territorial jurisdiction and nationality jurisdiction. There are several NGOs, as well as UN mechanisms, private law firms, and independent state prosecutors that are building cases against alleged Syrian perpetrators of CRSV, but to date, only one has been convicted for CRSV: Anwar Raslan was convicted on several charges, including rape, sexual coercion, and sexual abuse as crimes against humanity.⁶

Many survivors, families, and justice actors are hopeful that commencement of universal jurisdiction trials will be the means of ensuring accountability for those who commit atrocities. However, recent evidence suggests that states are hesitant to use absolute universal jurisdiction, and instead, more countries are implementing measures to limit its application. France is the most recent and relevant example of a state that has struggled to find internal consensus on the applicability of universal jurisdiction in cases related to Syria even though its legislation allows for it. The Court of Cassation just recently, on May 12, 2023, overruled its own decision from 2021 that crimes against humanity committed by Bashar al-Assad's regime could not be punished in France because they were not punishable under Syrian law.⁷ Even though universal jurisdiction can be used to prosecute a growing range of international crimes, there is limited evidence of its use in national courts. States are moving toward conditional universal jurisdiction that requires a stronger connection between the

alleged crime and the prosecuting state. This shift is due to concerns among states regarding the risks of overstepping judicial boundaries and prosecuting foreign nationals for crimes committed in foreign territories, which could have negative implications for international justice.⁸

The use of universal jurisdiction to bring justice to survivors of CRSV is still a work in progress, globally as well as specifically for Syria. While there are currently ongoing universal jurisdiction investigations and prosecutions for CRSV,⁹ using this principle in various countries worldwide, there are still limitations and ongoing challenges to its application. However, the increasing recognition, among human rights organizations and activists¹⁰ of the need for universal jurisdiction in national and international legal systems signals a shift toward holding perpetrators of heinous crimes such as CRSV accountable regardless of their location or nationality. Referral of the situation in Syria to the International Criminal Court seems unlikely as long as Russia is on the Security Council and has veto power, so assertion of universal jurisdiction by other countries remains the only option for Syrian survivors of CRSV at this time.

Innovations, Opportunities, and Challenges

Synergy and its partner, LDHR, support Syrian survivors on their pathway to gender-sensitive justice and accountability by conducting FMEs to document torture, sexual violence, and inhuman treatment experienced by survivors while inside detention or during the arbitrary arrest process. The forensic medical documentation is conducted based on an international best practices outlined in the Istanbul Protocol: *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol)*.¹¹ The Istanbul Protocol provides international legal standards on protection against torture and sets out specific guidelines on how effective legal and medical investigations into allegations of torture and ill treatment should be conducted. It is the basis of Synergy's three-week intensive training for the medical documenters, who are trained on the Istanbul Protocol's guidance on physical and psychological evidence of torture and ill treatment, including how to take the medical history, conduct physical examinations, interpret findings, write the conclusions and recommendations, and examine and evaluate specific forms of torture, including sexual torture. Based on this protocol for documentation, Synergy and LDHR developed a standard form for medical documenters to use when documenting physical and psychological injuries of survivors. As prosecution of Syrian perpetrators of these crimes are non-existent inside Syria, Synergy and LDHR's approach assists survivors in accessing justice and accountability through international mechanisms and efforts taking place on behalf of Syrian victims/survivors.

The documentation process begins with LDHR's outreach and case management team conducting community outreach sessions explaining the forensic medical documentation process and the referral services LDHR can provide. Survivors who are interested in documenting their physical and psychological injuries either approach LDHR directly or are referred by other individuals or

organizations. Once the case management team completes an initial assessment, it conducts a very thorough informed consent process wherein the survivors learn about every step of the physical evaluation, how the written evaluation is stored, who it is shared with inside the organization, and who it could be potentially shared with outside the organization. Once the survivor agrees and signs the informed consent form, they are referred to an LDHR doctor and, at a mutually agreed time and place, undergo the evaluation with the doctor. The doctor again obtains informed consent, then after the examination and interview completes the standard form and includes their conclusions and recommendations. The FMEs are then stored and shared with justice actors where they are used as evidence to support case-building efforts for prosecuting perpetrators of these crimes. Before sharing any medical report with justice actors, LDHR confirms once again that the survivor gave consent to share the report with the specific actor.

In addition to using the Istanbul Protocol, Synergy and LDHR's approach is informed by the Murad Code¹² and the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict (IP2).¹³ The standard form and the whole process from the initial point the survivor contacts LDHR for documentation through the informed consent process, the case management process with the documenter, the referral to other services, and the follow up with justice actors is guided by the Murad Code Principles and the IP2. This is reflected in prioritization of survivor safety (do no harm), continuously seeking informed consent throughout the process, respecting survivors' choices, and maintaining survivors' right to privacy and control over their information and the purposes of how it is used. Furthermore, the documenters and the case management team are trained extensively before they contact any survivor—and have knowledge and understanding of the context, culture, and stigma survivors face in their communities and how to best communicate with survivors based on their individual needs. Synergy and LDHR have put in systems of support for the survivors as they undergo the medical documentation. These include a case management system wherein they are referred to service providers who are vetted by LDHR and can provide medical, legal, psychosocial, livelihood, and other services LDHR does not provide. Furthermore, Synergy and LDHR developed a community-based program to tackle stigma related to sexual violence in the Syrian communities to provide further support to the survivors from their own communities.

Synergy and LDHR's FMEs for survivors of CRSV and torture can prompt investigations into crimes against humanity and other international crimes, guide case-building efforts as prosecutors hone in on patterns, locations, and perpetrators, and serve as evidence in criminal and civil court. Synergy and LDHR work together with plaintiff lawyers and prosecutors in Europe and the US and with UN mechanisms (such as the UN Commission of Inquiry on Syria and the IIIM), providing forensic medical documentation to support case-building efforts. However, neither Synergy nor LDHR bring cases directly for prosecution or reparations, nor does either organization act as a plaintiff lawyer or prosecutor in any justice venue.

During the forensic medical documentation process, survivors are given extensive information on the options for sharing their case documentation with various justice actors, UN mechanisms, prosecutors, and venues. They are also given options to share those reports in redacted form (with all identifying information removed) or in original form with all details intact. The finished FMEs are securely stored in both hard copy and electronic form until they are needed. LDHR frequently receives requests from justice actors and UN mechanisms when they are building cases for a specific set of criteria, e.g., "CRSV cases that occurred between 2011–2013 at a specific security location." At that point, LDHR reaches back out to all survivors who have a case fitting the desired criteria and confirms once again if they would like to share the case with the requesting organization or person. Survivors may always refuse even if they had previously provided consent

to share their case. If a survivor agrees, then their case is shared in electronic format and either redacted or not, depending upon their wishes.

Synergy currently has animated videos in production to share with survivors in advance of their arrival at the documentation site. Although our informed consent process is very thorough, we would like to give survivors more information about avenues to justice and accountability in an easily understandable format before they see the doctors. This will give them a chance to do some research on their own before they arrive at the documentation site. Furthermore, we want to remove some of the burden on the doctors to explain all of the legal mechanisms to a CRSV survivor who is hearing about them for the very first time. We are producing two versions of the informed consent video: one for adults and one for child survivors.

LDHR forensically documents the cases of anyone who has survived torture, CRSV, and/or cruel, inhuman, or degrading treatment in Syria. There is no requirement that the person be Syrian, or even that the crimes were alleged to have occurred at the hands of the Syrian regime, but the **crimes must have occurred in Syria**. LDHR's focus is to document crimes that have occurred since 2011, but this is not a strict requirement. Occasionally, people who alleged torture decades ago have sought forensic medical documentation from LDHR. However, **the crimes must amount to international crimes and/or human rights violations such as torture, CRSV, and/or cruel, inhuman, or degrading treatment**. Domestic violence crimes and other crimes under domestic law in Syria are not documented by LDHR.

LDHR uses a screening and case management system to ensure that people coming for forensic documentation meet the required criteria. In addition to the requirement about the nature of the alleged abuse, case managers ask for the age of the survivor because **LDHR is not currently documenting cases of anyone under 12 years old**. While supporting justice for child survivors is critically important to LDHR and Synergy, we have determined that, currently, LDHR does not have the necessary level of in-house child expertise to deal with the complex issues of examining and interviewing very young children who have experienced deeply traumatic events. While Synergy has provided two full weeks of multidisciplinary training on documentation of child survivors, we are compelled, out of an abundance of caution, to avoid the potential of doing harm through forensic documentation of young children.

Geographic limitations may also prevent survivors who desire forensic medical documentation from receiving it if LDHR does not have a doctor who can safely travel to a given area. LDHR's doctors are in different areas in Turkey and Syria, and they do not cover every place where a survivor might be. Synergy and LDHR have considered the possibility of doing remote video FMEs, but we have not pursued this option due to a host of concerns about confidentiality, credibility of the resulting evidence in court, challenges in ensuring the survivor's well-being immediately following the exam, and so forth.

Case managers will also screen out survivors whose **case has already been documented elsewhere**. For legal purposes, it is extremely important that survivors not have multiple documentations floating around that might contain inconsistent or conflicting information. This would be damaging to prosecutions of perpetrators and could also harm survivors' chances of obtaining reparations or asylum.

Finally, LDHR occasionally declines to take a case that meets all these criteria, yet the **survivors' credibility and actions seem very erratic or unreliable**. This is extremely rare because LDHR does not want to make snap judgments about credibility before examining a person and hearing their

full story, but sometimes, case managers hear information during the screening that is highly unusual or suspect in some way. In those rare instances, the case manager shares what they have learned with LDHR's CEO, the top medical expert, and Synergy experts to discuss what we know, why we are questioning the reliability of the person, what the risks may be to proceed with the case, and what the next steps should be.

LDHR keeps complete records, including those it has documented and those it has declined to document and why. These records are extremely important to ensure that cases are not double documented and to remember why a case was declined. Staff turnover as the Syrian diaspora continues to move is a significant factor in the Syrian context, so mitigating lost intuitional knowledge through excellent record keeping is extremely important.

The case management team at LDHR, which is the initial point of contact for the survivor, conducts an initial assessment that includes preliminary identification of a survivor's needs. The most common requests for support outside of what LDHR can provide include livelihoods, cash assistance, medical services, and mental health care. After the initial assessment, LDHR's case management team assigns a documenter to complete the FME. While the physical and psychological medical evaluation process takes place, the case management team prepares a referral plan for the survivor for other needed services identified in the first assessment. The team then communicates with vetted service providers and begins the referral process for the survivor.

During the medical forensic evaluation training weeks with Synergy, the documenters learn not only to identify physical evidence of torture and ill treatment but also to document psychological evidence of torture, CRSV, and ill treatment. All doctors routinely do informal mental status examinations of patients they see in their regular practice, so they are familiar with the basics of documenting signs and symptoms of various mental disorders, such as insomnia, hypervigilance, fearfulness, hopelessness, agitation, etc. Training on psychological evaluation provides them with further information and tools to make informed preliminary diagnoses (such as major depression, post-traumatic stress disorder, etc.) that help support the psychosocial support (PSS) needs of survivors. After the completion of the physical and psychological documentation, the doctor who conducted the evaluation recommends to the case management team referral of the survivor for additional medical support from the vetted service providers in LDHR's network or additional mental health and PSS from mental health specialists.

To ensure that survivors have manageable expectations about the services they receive and to avoid false incentives for forensic medical documentation, Synergy's implementing partner, LDHR, provides only one service, which is the FME. Referral and case management are only included as wraparound services to support the survivor as they are going through the forensic medical documentation process, which can be psychologically traumatic. There are no payments made to the survivor other than reimbursement for travel and/or accommodation costs if they must travel to meet the doctor. The outreach and case management team explain this process and limitations of the service they provide early in the process to avoid false expectations from the survivor. There is also a lot of discussion the case management team and the documenter must have with the survivor to explain that not all the documented cases will lead to prosecution of perpetrators and that this is a long and very complicated process that may take many years. It is critically important not to provide false hope to survivors that might do harm in the long run.

To effectively respond to the needs of survivors and overcome the obstacles they encounter in accessing justice and accountability, Synergy and LDHR have implemented various strategies to refine the design of its services and programs. The program adopts a trauma-informed approach,

acknowledging the significant trauma experienced by survivors and ensuring their experiences are understood and validated. This approach focuses on establishing safe and supportive environments, empowering survivors, and avoiding re-traumatization by employing sensitive language, practices, and procedures. Synergy and LDHR endeavor to make their programs accessible and inclusive for all survivors, irrespective of their backgrounds, abilities, or identities. This commitment includes providing language interpretation services during activities when needed and taking into consideration cultural sensitivities.

A fundamental principle guiding the program is the belief that multidisciplinary approaches yield the best outcomes. To this end, Synergy and LDHR bring together a diverse team of professionals, including lawyers, doctors, mental health and PSS specialists, investigators, human rights defenders, and subject matter experts. By leveraging their collective expertise and perspectives, Synergy and LDHR can provide holistic responses to survivors of human rights violations, empowering them and ensuring they receive the highest quality of care.

Recognizing the significance of community engagement and education in overcoming barriers to justice, Synergy and LDHR developed a program to address stigma related to sexual violence in the communities the survivors belong to. Through this program, trained first responders and stigma activists conduct awareness campaigns and engage with communities to promote understanding, challenge stigmas, and encourage reporting of violence. By fostering a supportive environment and raising awareness, survivors are more likely to come forward and access the available services.

Synergy and LDHR value collaboration and partnerships in addressing the complex needs of survivors. By working together with other service providers and organizations, Synergy ensures a coordinated response. Service providers are vetted by LDHR, and a referral mechanism is put in place before any survivor is referred from LDHR for further service from other service providers. This vetting process is necessary to ensure that the survivor is referred to other trauma-informed and survivor-centric services provided by organizations that are aware of the impact CRSV has on the survivor and have experience working with survivors who have gone through this traumatic experience.

It is important to note that the design of services and programs is an ongoing process that evolves based on the needs and feedback of survivors. Synergy and LDHR developed a mechanism wherein the survivor can provide feedback of their experience of the physical evaluation after they have met with the doctor and again after they have received the referral service from LDHR. The goal is to establish a survivor-centric approach that prioritizes their well-being, empowerment, and access to justice and accountability.

As of June 2023, there had been only one meaningful instance of accountability for Syrian survivors of CRSV: the conviction of Anwar Raslan on several charges, including cases of sexual violence as crimes against humanity. Due to challenges mentioned—primarily the inability to try these crimes mid-conflict while Bashar Al-Assad remains in power, and the hesitance of other countries to assert universal jurisdiction—CRSV survivors remain shut out of any positive justice and accountability outcomes for the crimes they have endured. Formal reparations are not being issued by the Syrian government and are unlikely to be considered unless there is a major political transition resulting in the ouster of the Al-Assad family. Some NGOs offer CRSV survivors forms of what they call “reparations” but these are not justice-oriented reparations in the true sense of the word; rather, they are limited types of cash assistance, livelihood support, medical helps, and MHPSS support as interim supportive measures for CRSV survivors. The survivor-led Sednaya organization, for example, offers vital support services and runs the Damages Recovery

Project (specifically in Mersin, Hatay, Urfa, and Gaziantep), which seeks to help individuals pursue compensation and restitution claims; however, it is unlikely that these will be considered by the government of Syria for the foreseeable future. As noted, many survivors still hold out hope for justice and accountability in the future, but they know the road will be long and slow until and unless the war ends and Syria experiences a major political transformation.

Challenges notwithstanding, survivors are experiencing a measure of relief and hope following the FME process. The validation of a survivor's experience is extremely important. For many survivors, telling the doctor about their experience is the first time someone has listened to them without judgment and who is trained in survivor-centric and trauma-informed approaches of collecting the information from them. It can be a very powerful, positive experience. There is validation that their experience was real and that they did nothing wrong; the perpetrator is the one who should be stigmatized and punished. In the survivor feedback surveys conducted by LDHR, one of the survey respondents wrote, "[They were] words that I had not spoken for seven years. It was an obsession for me and a heavy burden. I spoke about it completely. It was as if I had emptied all thoughts of my arrest and became a different person." The FME is also an opportunity to discuss the various physical and psychological effects of the ill treatment they have experienced (e.g., flashbacks, hypervigilance, difficulty sleeping, erectile dysfunction, etc.) with a medical professional who can diagnose issues and provide referrals for follow-up care. One survey respondent, when asked about what part of the service LDHR provided helped the most, revealed, "The psychological referral service helped my mental health improve considerably."

The success of implementing a trauma-informed and survivor-centered approach for documentation is reflected in the level of comfort and trust the survivor feels and builds with the documenter. The satisfaction surveys completed after documentation reflect a sense of relief for the survivor to speak about their experience with someone who is non-judgmental, who is respectful of their privacy and the confidentiality of the extremely sensitive information they share, and who understands the context in which they experienced this violence and also the stigma and the resistance they may receive from their families and their communities for speaking out about their experience. The documenters are trained to understand the type of trauma they have experienced and how this manifests physically and psychologically throughout the documentation process (how they react to certain questions, how they act when they are being interviewed, how they enter the room, how they may refer to certain acts of sexual violence during the interview, etc.).

The challenge to implementing a survivor-centered and trauma-informed approach is that it takes significant time and resources to train the documenters, case workers, and outreach team. Synergy and LDHR do extensive training for the team and provide ongoing follow-up and mentoring after the training to allow trainees to have reference and consultations with their trainers as they document and manage very complicated cases. At the individual case level, it is also extremely time consuming for the documenters to implement survivor-centered and trauma-informed approaches because it means providing frequent breaks for the survivors as needed, and often continuing the evaluation during a subsequent visit rather than completing it all at once, which would be more efficient for the doctor. Another challenge—and why extensive training and follow up is required—is that in the context we work in sometimes, the concepts that underlie trauma-informed and survivor-centric approaches (confidentiality, privacy, agency of the survivor), are not common or accepted in the culture. For example, many of the survivors do not have their own phones and therefore must share phone numbers of other family members when filling out the case management forms. The case management team must be very careful if the survivor does not want their family members to know of the service that they are seeking from LDHR because of the stigma related to sexual violence in their families and communities.

Finally, it is mentally exhausting for the documenters to be focused for such a protracted period on the needs and wishes of the survivor when they themselves are often experiencing secondary trauma from listening to the horrific experiences and seeing the physical and psychological sequelae of torture and CRSV. Many of the documenters have also experienced direct traumatic experiences, including arrest and detention, close proximity to bombings, disappeared family members, and, more recently, earthquake-related trauma. Making the entire process survivor-centered, by definition, means that the needs and wishes of the documenter are secondary to those of the survivor who is being documented; this is challenging in contexts where most of the population, including documenters, has been exposed to trauma and tragedy. The rate of burnout is high and must be managed, which means undertaking fewer cases than ideal.

Lessons, Reflections, and Recommendations

Talking about sexual violence and the experiences of survivors in detention remains shrouded in stigma and taboo among the Syrian communities. This negatively affects survivors, their families, and their communities. It also prohibits and creates a barrier for survivors to seek justice. Therefore, it is important to provide support to survivors that can help them navigate and address some of these challenges they face. To provide the support survivors need while they document their experiences, Synergy and LDHR developed a case management, outreach, and anti-stigma community program with the aim to increase the receptiveness of communities to discuss these difficult experiences, acknowledge the impact on the survivor, their families, and their communities, and provide a supportive environment to help the survivor seek justice and begin their healing journey.

Supporting LGBTQ+ survivors of CRSV in optimal ways remains challenging in the Syria context due to the extreme prejudice against them. Synergy and LDHR, of course, willingly document these cases, but it is challenging to have open discussions and refer to appropriate LGBTQ+ follow-up services due to the fear of broken confidentiality and stigma or even violence that may target the survivor if it is known that they are LGBTQ+. Typically, these cases are documented as all cases are documented, without the ability to address concerns that LGBTQ+ people may have, which may hinder their ability to fully recover and heal.

The severe lack of justice and accountability in the Syrian context renders it challenging to consider the specifics of how to improve accountability through a gender-sensitive approach. Fortunately, there is growing awareness of the gendered dimensions of how the conflict impacts genders differently, and there is also increasing awareness that sexual violence impacts men as well as women. If there is anything positive to note about the length of the conflict and the horror it has produced, it would be that it has opened corners of society previously closed to ideas about gender equality and the need for gender-sensitive approaches. There is no denying that sexual violence has impacted tens of thousands of Syrian people and that they and their families need support, not stigmatization. Of course, the stigma surrounding sexual violence remains very strong in most societies, and it will take more than words and realization of the scale of sexual violence to silence it.

Synergy and LDHR have been working on stigma-reduction programs in Syrian communities since 2019, and not surprisingly, we have learned that it must be a long-term effort and progress is slow. We continue to work with our partners in Syrian communities to raise awareness of how stigma impacts individuals, families, and society at large. Stigma silences survivors, isolates them, and prevents them from accessing necessary services, including legal support that could lead to justice and accountability. Communities must confront stigma and work on reducing its impact so that survivors feel comfortable telling their stories and seeking justice. Multi-stakeholder participation, across genders and throughout communities, in these efforts is crucial to reaching a critical mass of people who can counter and diminish myths and negative assumptions about survivors of sexual violence.

Synergy and LDHR's community-targeted approach to supporting survivors has led to an increasing number of survivors requesting to have their injuries documented. The referrals from other survivors who have documented their injuries have also increased, reflecting their positive experience and the benefit they felt they have experienced. Furthermore, the number of male sexual violence survivors has also increased as more people in the community are talking about the violence they faced in detention and how the impact of that violence also impacts their daily life, their families, and their communities.

Some of the challenges related to survivor satisfaction include the fact that securing justice and/or accountability for the crimes is a long process and many of the survivors who do document their injuries for these reasons may never receive the satisfaction of seeing their perpetrators prosecuted. While the contribution to prosecuting perpetrators of these crimes by undergoing the forensic medical documentation may not be immediately realized, the benefit of the documentation to their mental and psychological well-being more quickly experienced by them and the hope of having undergone this process of documentation to contribute to wider accountability efforts is still a motivation for their seeking this service. Therefore, much of the informed consent process and outreach the case management team does is to ensure that the expectation of the result of the documentation is realistic and that there are no false promises made to the survivor.

To continue documenting torture and sexual violence for the purposes of evidence collection contributing to justice for survivors and accountability of perpetrators, close coordination between the agencies documenting and the actors pursuing accountability efforts must be maintained so that the evidence collected by documenters can be effectively used. Greater community outreach and awareness of the various mechanisms and pathways in place for justice and accountability must be exerted, since in the Syrian context, the various international mechanisms in place seem very far-fetched to the Syrian survivor, and there is lack of trust in the effectiveness of the international community to secure justice for survivors.

The most serious problem in terms of continuing this work at the robust level necessary to effect change is the ongoing scramble to obtain funding. There is a lack of available multi-year grants that would allow organizations to thoughtfully design survivor-centered programming in partnership with local stakeholders and survivors, re-evaluate midway to ensure that desired outcomes are occurring, and then refine and re-adjust as necessary. Too many funding opportunities are limited to one- to two-year-long programs, when three- to five-year grants would better provide organizations with the flexibility to monitor, evaluate, learn, and make improvements along the way that would serve survivors' needs more effectively. An additional constraint is the unwillingness of large state funders to identify and fund smaller organizations that are doing excellent, tailored survivor-centered work. Many state funders prefer to work with large organizations they are familiar with even though those

organizations admittedly often lack the expertise to implement solid programming and only hire outside experts once they obtain a grant.

The use of forensic medical documentation as a pathway to justice for CRSV survivors can have an application in many contexts during and post-conflict. We have considered and assessed the implementation of this program in Yemen, Ukraine, and Iraq where technical capacity to medically document CRSV for justice and accountability is low and there are efforts and initiatives to prosecute perpetrators of these crimes. To effectively implement forensic medical documentation and ensure it is survivor centered and trauma informed, there are several recommendations we would like to put forth:

1. **Strengthen Community Outreach:** Expand community outreach efforts to raise awareness about sexual violence, its impact on survivors and communities, and the importance of justice and accountability. Outreach sessions will also raise awareness about the forensic medical documentation process, survivor rights, and available support services. Engage with local community leaders, organizations, and networks to ensure comprehensive coverage and reach survivors who may be hesitant to come forward.
2. **Increase Awareness of Justice Mechanisms:** Conduct extensive community outreach to raise awareness about available justice mechanisms, both national and international. Build trust and confidence in these mechanisms and highlight their potential to secure justice for survivors.
3. **Reduce Stigma:** Initiate and continue stigma-reduction programs and initiatives in communities, emphasizing the importance of supporting survivors and challenging negative assumptions and myths about sexual violence. Promote multi-stakeholder participation and engagement across genders.
4. **Provide Holistic Support:** Expand support services beyond forensic medical documentation to include comprehensive case management and referral to PSS, legal aid, and other necessary services. Take a survivor-centered approach and address the various dimensions of their well-being.
5. **Develop and Enhance Survivor-Informed Informed Consent Materials:** Utilize different methods (including animated videos, etc.) to provide survivors with easily understandable information about avenues to justice and accountability even before they arrive at the documentation site. Ensure that the materials are survivor informed and take into account the cultural context and literacy levels of the target audience. Continuously improve the informed consent process to manage survivor expectations regarding the outcomes of the documentation process.
6. **Continuously Update Training and Documentation Practices:** Stay informed about the latest developments in international protocols, guidelines, and best practices for the documentation of gender-based violence and torture. Regularly update training programs and documentation practices to align with the most current standards, ensuring the highest quality of evidence for legal proceedings.
7. **Establish Survivor Feedback Mechanisms:** Strengthen the survivor feedback mechanism to gather comprehensive feedback on the physical evaluation process and referral services. Regularly analyze and evaluate this feedback to identify areas for improvement and make necessary adjustments to enhance the survivor experience.

8. **Conduct Impact Assessments:** Implement regular impact assessments to evaluate the effectiveness and long-term outcomes of the forensic medical documentation process. Assess the impact on survivors' access to justice, accountability efforts, and overall well-being. Use the findings to further refine and improve the services and programs offered.
9. **Foster Local and International Collaboration and Partnerships:** Continue to build partnerships with relevant organizations, service providers, and justice actors to ensure a coordinated response for survivors. Regularly review and update the vetting process for referral of service providers to maintain a survivor-centric and trauma-informed approach. Share experiences, best practices, and lessons learned to contribute to the broader efforts in addressing sexual violence in conflict situations. Foster close collaboration and coordination between organizations documenting torture and sexual violence and those pursuing justice and accountability efforts. Establish clear communication channels to ensure effective utilization of the evidence collected.
10. **Share Best Practices:** Actively engage in knowledge sharing and collaboration with other organizations working in the field of gender-based violence and human rights. Share best practices, lessons learned, and successful case studies to contribute to the collective effort of supporting survivors and promoting justice worldwide.
11. **Advocate for Universal Jurisdiction:** Collaborate with international partners, human rights organizations, and legal experts to advocate for the expansion of universal jurisdiction for crimes against humanity, including gender-based violence and torture. Engage with governments and international bodies to encourage the prosecution of perpetrators and promote accountability.
12. **Long-Term Funding Support:** Advocate for multi-year grants to support survivor-centered programming, allowing organizations to design, evaluate, and refine their services based on the evolving needs of survivors. Encourage funding agencies to prioritize smaller organizations with tailored expertise.

Endnotes

- 1 United Nations Human Rights Office of the High Commissioner (UNOHCHR), [Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#) (New York and Geneva, 2022).
- 2 UNHCR, "Syria," UNHCR Data Portal, accessed June 13, 2023. <https://data.unhcr.org/en/situations/syria>.
- 3 Synergy for Justice and Lawyers and Doctors for Human Rights, "The Whole World Has Let Me Down: Understanding What Syrian Women Face During And After Detention" (2021). https://synergy-for-justice.cdn.prismic.io/synergy-for-justice/c8452ba8-4d89-4fff-8ddd-cd24140d6bb3_Understanding+what+Syrian+Women+Face+During+and+After+Detention_LDHR_SFJ_v05_Web.pdf.
- 4 Synergy for Justice and Lawyers and Doctors for Human Rights, "The Soul Has Died: Typology, Patterns, Prevalence, and the Devastating Impact of Sexual Violence Against Men and Boys in Syrian Detention Centers," Page 7, March 2019. <https://ldhrights.org/en/wp-content/uploads/2019/03/The-Soul-Has-Died-Male-Sexual-Violence-Report-English-for-release-copy.pdf>.
- 5 United Nations, "Factsheet: 2021 Report of the Secretary-General on CRSV." United Nations, accessed June 14, 2023. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2022/04/factsheet-2021-report-of-the-secretary-general-on-crsv/202204-SG-annual-report-factsheet-2021.pdf>.
- 6 Philip Olterman, "German court jails former intelligence officer for life," The Guardian, January 13, 2022. <https://www.theguardian.com/world/2022/jan/13/german-court-jails-former-syrian-intelligence-officer-anwar-raslan-for-life>.
- 7 Simon Foreman "Universal Jurisdiction: Movement to End the French Exception?" Justice Info, June 23, 2023. [International law: France breaks down a few barriers \(justiceinfo.net\)](https://www.justiceinfo.net/international-law/france-breaks-down-a-few-barriers).
- 8 Leonard Lewis, "The Politics of Universal Jurisdiction," Human Security Centre, October 15, 2015. <http://www.hscentre.org/global-governance/politics-universal-jurisdiction/>.
- 9 Including Argentina (related to Nicaragua), France (related to Democratic Republic of Congo), and Germany (related to Syrian and the Gambia). See Trial International's Universal Jurisdiction Annual Review 2023. [International law: France breaks down a few barriers \(justiceinfo.net\)](https://www.justiceinfo.net/international-law/france-breaks-down-a-few-barriers).
- 10 Including Civitas Maxima, Center for Justice and Accountability (CJA), European Center for Constitutional and Human Rights (ECCHR), and REDRESS, to name just a few of the very active global organizations working to promote application of universal jurisdiction.
- 11 UNOHCHR, [Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment](#).
- 12 Institute for International Criminal Investigation (IICI), [Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence \(Murad Code\)](#) (2022).
- 13 Sara Ferro Ribeiro and Danae van der Straten Ponthoz on behalf of the UK Foreign and Commonwealth Office, [International Protocol on the Documentation and Investigation of Sexual Violence in Conflict, 2nd Edition](#) (March 2017).



GIJTR

Global Initiative for Justice
Truth & Reconciliation