The International Coalition of Sites of Conscience (ICSC or the Coalition) is a global network of museums, historic sites, and grassroots initiatives dedicated to building a more just and peaceful future through engaging communities in remembering specific struggles for human rights and addressing their modern repercussions. Founded in 1999, the Coalition now includes more than 300 Sites of Conscience members in 65 countries. The Coalition supports these members through seven regional networks that encourage collaboration and international exchange of knowledge and best practices. The Global Initiative for Justice, Truth & Reconciliation (GIJTR) is a flagship program of the Coalition.

Learn more at www.sitesofconscience.org.

Illustrator: Ignatius Ade

ABOUT THIS SELF-ASSESSMENT TOOLKIT

Published in 2024, this self-assessment toolkit draws together research conducted by GIJTR consortium members ICSC and the Centre for the Study of Violence and Reconciliation (CSVR), with expert input of consulting partners Synergy for Justice, the Institute for International Criminal Investigations (IICI), the Dr. Denis Mukwege Foundation, and the Global Survivors Fund.

This self-assessment toolkit has been created for civil society organizations (CSOs) in recognition of the vital role they play in advancing truth, justice, and healing for survivors of conflict-related sexual violence (CRSV). The aim of the toolkit is to offer CSOs a set of tools to assess how comprehensively survivors’ holistic needs are being met in their context, and whether there are gaps that could be addressed through their programs. The self-assessment is designed to draw upon the deep existing knowledge of CSOs and can be carried out by organizations on an individual basis, as well as by organizations working as a group.

The toolkit shares best practices from organizations and expert practitioners working on the front lines to support survivors in a wide range of contexts, drawing upon insights gathered from more than 20 in-depth interviews and seven case studies produced by Asia Justice and Rights (AJAR), the Dr. Denis Mukwege Foundation, the Humanitarian Law Centre, the International Truth and Justice Project, PEECH Africa Foundation, Ruta Pacífica de las Mujeres, and Synergy for Justice. The toolkit was piloted in partnership with Ruta Pacífica de las Mujeres in Medellín, Colombia, in November 2023 and with the Dr. Denis Mukwege Foundation in Bangui, Central African Republic, in January 2024.

The toolkit is intended to be a living document that is updated to reflect best practices and developments in the field. GIJTR welcomes feedback from organizations that have used the resource, which can be sent to gijtr@sitesofconscience.org.
ACKNOWLEDGEMENTS

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Principle Authors: Olivia Head and Sarah Case (ICSC).
Contributors: Brett Edwards (ICSC); Christy Fujio and Mera Eftaiha (Synergy for Justice); Gabriel Oosthuizen (IICI); Dominique Vidale-Plaza (Dr. Denis Mukwege Foundation); Clara Sandoval (Global Survivors Fund); and Cathy-Ann Potgieter, Liezelle Kumalo, and Amina Mwaikambo (CSVR)

Learn more about GIJTR at gijtr.org
connections of its 300-plus members in 65 countries to strengthen and broaden GIJTR’s work. GIJTR partners, along with members of the Coalition, develop and implement a range of rapid-response and high-impact program activities, using both restorative and retributive approaches to justice and accountability for gross human rights violations.

The expertise of the organizations under GIJTR includes the following:

- Truth-telling, reconciliation, memorialization, and other forms of historical memory
- Documenting human rights abuses for transitional justice purposes
- Forensic analysis and other efforts related to missing and disappeared persons
- Victims’ advocacy such as improving access to justice, psychosocial support, and trauma mitigation activities
- Providing technical assistance to and building the capacity of civil society activists and organizations to promote and engage in transitional justice processes
- Reparative justice initiatives
- Ensuring gender justice in all these processes

To date, GIJTR has led civil society actors in multiple countries in the development and implementation of documentation and truth-telling projects; undertaken assessments of the memorialization, documentation, and psychosocial support capacities of local organizations; and provided survivors in the Asia, Africa, and the Middle East and North Africa region with training, support, and opportunities to participate in the design and implementation of community-driven transitional justice approaches. Given the diversity of experience and skills among GIJTR partners and Coalition network members, the program offers post-conflict countries and countries emerging from repressive regimes a unique opportunity to address transitional justice needs in a timely manner, while promoting local participation and building the capacity of community partners.

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A NOTE ON THE DEFINITIONS USED IN THIS TOOLKIT

This toolkit uses both the term “victim” and “survivor” to refer to individuals who have experienced CRSV, recognizing that the context in which these terms are used may vary, and that whether an individual is identified as a “victim” or “survivor” depends primarily on their preference and self-identification. “Victim” is often used in reference to the incident of victimization and the legal context and to reflect the deeply unfortunate reality that not all victims of CRSV survive the crimes. “Survivor” stresses the resilience and empowerment of individuals who have suffered sexual violence, is more common in the psychological and social support sectors, and is therefore used more frequently throughout this toolkit.

Definitions of all the key terms used are provided in the framing document, which GIJTR produced to accompany this resource.

HOW AND WHY WAS THIS SELF-ASSESSMENT TOOLKIT DEVELOPED?

Why was this self-assessment toolkit developed

Through its work alongside communities emerging from conflict over the past decade, GIJTR has witnessed, firsthand, the gendered impacts of war and mass atrocities, from the young women pulled from school to support their families after primary breadwinners were lost to the men and boys held back from seeking psychosocial support by harmful...
patristical norms to the individuals of all gender backgrounds stigmatized by their families or communities after surviving CRSV. While too often these types of violations have been ignored within transitional justice processes—pushed into the background intentionally or unconsciously in favor of narratives that center the stories of combatants and those in positions of power—GIJTR has also seen that the majority of positive change in relation to CRSV has been driven by the tireless efforts of survivors and the communities of support that surround them, particularly in contexts where the state has been complicit in the crimes or is otherwise unable to adequately respond. The role of CSOs, which are often borne of a commitment to creating more just and peaceful futures that is shared with survivors, has been instrumental in advancing truth, justice, and healing for CRSV; drawing attention to survivors’ needs; and proposing innovative solutions to support survivors and prevent these violations from recurring. Civil-society-led initiatives such as the City of Joy, a leadership training program for survivors in the Democratic Republic of the Congo (established by Dr. Denis Mukwege and the Panzi Foundation) and the Women’s Truth and Memory Commission (launched by Ruta Pacífica de las Mujeres in 2010 in Colombia) have placed survivors at the forefront of designing their own rehabilitation and truth-telling processes, and contributed to the provision of long-term, holistic support.

The vital role GIJTR has seen CSOs play in addressing CRSV is underscored by the United Nations Security Council Resolution 2467 (UNSCR 2467), which was adopted in 2019. UNSCR 2467 advocates for a “survivor-centered approach” to addressing CRSV and acknowledges the importance of supporting and promoting CSOs—particularly those led by women and survivors and religious and community leaders—in all prevention and response efforts. UNSCR 2467 is the latest of six resolutions addressing the protection, prevention, and prosecution of CRSV to have been adopted by the Security Council since 2000, when a landmark resolution was passed, initiating what is known today as the Women, Peace and Security (WPS) agenda: UNSCR 1325. This resolution responded to a strong wave of advocacy from women’s rights organizations and CSOs in the 1990s calling for an end to CRSV and demanding meaningful involvement in peace and security negotiations. At the same time, as a result of the critical role they play, CSOs are often under significant strain, with the need for their services far outweighing their resources or capacity. While carrying out their work, they are often simultaneously forced to navigate harmful cultural and gender norms, threats to their ability to operate safely, and poorly designed funding structures that can limit their agency to deliver survivor-centered support. Given the nature of CRSV and its long-term impacts, individual organizations may also struggle to fully meet all the survivors’ needs in their context. Where one survivor may seek criminal

How and why was this self-assessment toolkit developed?
accountability, another may prioritize mental health and psychosocial support, access to education and employment opportunities, or efforts that emphasize non-recurrence. Instead, collaboration or the development of referral networks is often needed to achieve a truly holistic approach.

Recognizing these pressures alongside the vital work of CSOs as first responders to and advocates for survivors, GIJTR developed this toolkit to offer CSOs a set of practical tools they can use to take a step back from their day-to-day work and assess how comprehensively survivors’ holistic needs are being met in their context, with a view toward considering whether their programs can be expanded or adapted in response. Central to this project is GIJTR’s belief—gained through a decade of working with conflict-affected communities and reflected in UNSCR 2467—that CSOs are uniquely well-positioned to promote survivor-centered practices in efforts to seek truth, justice, and healing and to design tailored approaches that address survivors’ holistic needs based on their deep understanding of the communities they support.

**Methodology**

This resource utilizes the breadth of GIJTR’s connections and knowledge base as an international consortium working closely with grassroots organizations to draw together best practices and resources from organizations and expert practitioners working on the front lines to support survivors in a wide range of contexts, distilling insights gathered from more than 20 in-depth interviews and seven case studies.

The self-assessment toolkit prioritizes and highlights the rights and well-being of individual survivors above those of families, communities, groups, and nations. This is an intentional decision by the authors based on concerns surfaced during the research phase of the project that survivors are sometimes coerced or pressured into sharing their stories or participating in programs to serve family, community, service-provider, or national goals related to truth-telling, pursuing justice, or shining a light on abuses perpetrated during a conflict. This pressure can undermine the agency and empowerment of survivors, which are key components of the survivor-centered approach.

The goal of the toolkit is to equip CSOs with a comprehensive framework to assess whether their programs and activities are tailored to address the needs and priorities of survivors, taking into account organizations’ resources, capacity, and specific challenges and opportunities for their work in their context.

Although not all programs of support for survivors of CRSV are designed as part of a broader transitional justice process, GIJTR’s work has shown that transitional justice mechanisms, whether formal or informal, offer a useful set of tools for reckoning with past human rights violations in a way that acknowledges past harm and offers victims and survivors different forms of redress while considering what’s needed to prevent similar violations from recurring and building a more just future. Building on this insight, the assessment toolkit approaches truth, justice, and healing from CRSV through a transitional justice lens, offering CSOs a framework with which to consider survivors’ needs in relation to truth-telling, justice, non-recurrence, reparation, and memory.
HOW TO USE THIS SELF-ASSESSMENT TOOLKIT

Overview of the self-assessment toolkit

The toolkit offers CSOs the tools to undertake a structured process of self-reflection that involves critically analyzing the following points through a set of questions, brainstorming tools, and resources:

• The extent to which survivors’ needs are being met in their context and the challenges and opportunities for meeting these needs more comprehensively
• The extent to which they are responding to survivors’ needs and implementing a survivor-centered approach through their programs and strategies

• The extent to which their assessment of the gaps, challenges, and opportunities for implementing a survivor-centered approach and meeting survivors’ needs more comprehensively reflects survivors’ own assessment
• Whether they can expand existing programs or initiate new programs in response to the gaps, challenges, and opportunities they identify for implementing a survivor-centered approach and meeting survivors’ needs more comprehensively

The toolkit uses a transitional justice framework to structure the self-assessment, with questions, brainstorming tools, and resources organized around the following topics:

• Ethics and best practices for working with survivors
• Holistic support services
• Truth-telling and documentation
• Justice and accountability
• Reparation
• Reform and prevention
• Memory and education
• Community and solidarity

The toolkit includes the following:

• A brief introduction to each topic
• Assessment questions related to each topic for organizations to ask about their context—to themselves and to survivors
• Suggested brain-storming tools, relevant resources, and further reading

Recognizing that users of the toolkit will have varying degrees of familiarity with transitional justice concepts and mechanisms, GJTR has produced a framing document that provides more information on key terms and examples of formal and informal transitional justice initiatives in a range of contexts.

The case studies and framing document, which provides definitions to key terms used in the toolkit, can be found here.
How to conduct the self-assessment

This self-assessment toolkit can be used at the outset of delivering new programs, periodically once programming is underway, or when entering into a new partnership with another organization or group of organizations. The toolkit is not intended to be a prescriptive tool, so GIJTR envisages there may also be other scenarios, as determined by organizations, where it may be relevant to conduct a self-assessment.

Taken together, the topics in the self-assessment toolkit represent a holistic approach to truth, justice, and healing for CRSV. However, there is no expectation that individual CSOs can—or should—respond to all these needs through their own programming.

Instead, CSOs can use the toolkit in one of the following three ways:

1. To conduct the self-assessment internally, focusing on the themes that are most relevant to their own programming and context

2. Joining with other organizations working to advance truth, justice, and healing for survivors through other forms of support to conduct a group assessment of how comprehensively survivors’ needs are being met through the collective efforts of the group

3. To conduct the self-assessment in two phases, first focusing on the self-assessment of their own programming and then, as part of a second phase, conducting a joint assessment with other organizations supporting survivors of CRSV in their context

When conducted internally, within a single organization, the key objectives for the self-assessment are to generate insights into the gaps, challenges, and opportunities for the organization’s work with survivors and to use these insights to inform future programming, strategies, and referral partnerships. GIJTR recommends bringing together staff from teams across the organization to conduct the assessment. The length of time required to conduct the assessment will depend on how many sections of the toolkit are relevant for the organization; however, GIJTR recommends spending two to four hours on each section.

When used to conduct a self-assessment among a group of organizations working in the same context, the key objective for the self-assessment is for organizations to reflect together on how aware they are of each other’s work, how they are promoting that awareness among the survivors that use their services, and whether there are opportunities to work collectively to better meet survivors’ needs.

To ensure a comprehensive group assessment, GIJTR recommends bringing together organizations working across as many of the areas the toolkit covers as possible. If there are no organizations working on some of the topics (e.g., there are no organizations working on memorialization or education initiatives), this should be noted as a gap during the group assessment. GIJTR recommends a four-day workshop to conduct the group assessment. A suggested format for the workshop can be found in the resources section of the toolkit, as well as a “thermometer exercise” that organizations can carry out before and after the self-assessment to reflect on how the self-assessment has changed their understanding of survivors’ needs in their context and to help guide future activities and programs. The resources section also contains suggested grounding exercises for organizations to use while carrying out a self-assessment to support the well-being of participants.
Engaging survivors in the self-assessment

Each section of the toolkit includes questions for CSOs to ask about their context both to themselves (about their own programs) and to survivors. The questions for survivors are included in order to emphasize the importance of consultation and co-design with survivors during any efforts to seek truth, justice, and healing in order to ensure programs and activities respond to their needs and priorities as expressed by survivors themselves. For organizations with more-developed structures for consulting and co-designing programs with survivors (through a survivor reference group, for example) it may be appropriate to pose the questions to survivors as part of the self-assessment. However, for organizations without developed structures, it may not be appropriate to ask survivors the questions in the toolkit, particularly if doing so would involve seeking out survivors to participate in the assessment, as this could place a further burden upon them. Ultimately, organizations should use their discretion to determine whether it is appropriate to engage survivors during the self-assessment. If they determine it is not appropriate, GIJTR recommends reviewing the questions for survivors to consider whether they are presenting survivors with the opportunity to provide feedback on these issues elsewhere in their programming.

A note for donors and international organizations

While the primary users of this self-assessment toolkit are intended to be CSOs, GIJTR recognizes that it may also have applicability for donors and international organizations addressing CRSV by working in partnership with or providing funding to CSOs to implement programs. Donors and international organizations could consider guiding CSOs toward this toolkit when submitting applications for funding or partnerships, or asking organizations to build a self-assessment phase into the beginning of new programs they are funding.
By a member of an activist network that piloted the toolkit in Colombia in November 2023.

Colombia has endured more than 70 years of multifaceted internal conflict: over 450,000 Colombians have died, over 50,000 have been kidnapped, and over 7 million have been displaced. Today, communities in the remotest regions of the country continue to experience grave abuses by armed groups, and human rights defenders remain the targets of killings. Transitional justice processes, which have made some headway in addressing conflict-related sexual violence, have now been in place for more than 15 years. In 2022, the Truth Commission delivered its final report, which concluded that the armed conflict brought sexual and reproductive violence against women and girls that violated their reproductive freedom and human rights. In 2023, the Special Jurisdiction for Peace initiated a nation-wide “macro-case” investigating gender-based violence, including sexual and reproductive violence and other crimes based on prejudice committed by armed actors. Despite this, more commitment and political will are required for survivors of conflict-related sexual violence to feel their expectations have been met.

For 27 years, the Ruta Pacífica de las Mujeres (the Pacifist Route of Women) – a network of feminist organizations working towards a negotiated resolution of the armed conflict in Colombia – has advocated for the needs and demands of survivors of sexual violence. Our work focuses on providing training and information programs for women and their communities, so they are able to engage in truth-telling, justice, and healing processes when they are ready to do so. We also provide psychosocial assistance, and support women who are taking their cases before institutions by developing strategies to accompany them, strengthen them, and protect them. In 2013, the Ruta concluded the Colombian Women’s Truth and Memory Commission, which documented 1,000 testimonies of women, including 150 testimonies of sexual violence, with the objective of making visible the impact of the armed conflict’s violence on women and girls. Due to the ongoing violations being committed, documentation remains a continuous strategy, and we also have a legal support strategy that focuses on offering legal advice to women for different civil, criminal, constitutional and other actions they wish to undertake.

In November 2023, a group of eight organizations belonging to Ruta Pacífica’s network joined together in Medellín to conduct a pilot of the Self-Assessment Toolkit for Analyzing Challenges and Opportunities for Providing Holistic Support to Survivors of Conflict-Related Sexual Violence. The experience of using the toolkit, and the benefit of working collectively as a group of organizations to discuss the assessment questions, gave us an insight into how this resource can be used by organizations in other countries to strengthen their work with survivors.

A holistic approach to addressing conflict-related sexual violence must include psychosocial support, justice, truth-telling, reparation, memory, and education, and must always be focused on the rights of survivors, respecting their agency and autonomy to decide about their own cases for themselves. The toolkit, which is framed around these pillars, mirrors our collective efforts as a network. It gives us new questions, as well as the opportunity to seek the answers through a process of structured self-reflection and analysis, and enables us to assess how we are responding to the shifting needs of victims through our collective work. As the needs of survivors are diverse, and efforts to seek justice must adapt to contexts that are sometimes favorable and sometimes adverse, this work requires a holistic perspective that integrates and cares for the needs of survivors away from rigid or imposing schemes. Taken in its entirety, the self-assessment toolkit will prove an effective tool for organizations assisting and advocating for survivors of conflict-related sexual violence.

Esther Marina Gallego Zapata
National Coordinator
RUTA PACÍFICA DE LAS MUJERES COLOMBIANA
1. ETHICS AND BEST PRACTICES FOR WORKING WITH SURVIVORS

Introduction

In 2019, the UNSC adopted a landmark resolution affirming, for the first time, that a survivor-centered approach to conflict-related sexual violence must guide every aspect of the response of affected countries and the international community to: UNSCR 2467. This resolution responded to calls that survivor groups had been making for many years to be meaningfully involved in the conceptualization, development, shaping, and implementation of work for them, expressed through the maxim “nothing about us, without us.”

In practice, organizations working with survivors can implement a survivor-centered approach by focusing on empowering survivors through the creation of an environment that supports their healing. Central to this is the understanding that, although the path to truth, justice, reparation, and healing is long—and it is never guaranteed that organizations supporting survivors will be able to help them to fully realize their goals—an approach to work with survivors that restores their agency, builds their resilience, and enshrines their experience on the historical record can have a transformative effect.

Implementing a survivor-centered approach requires the following:

1. Recognizing that survivors are not a single homogeneous group or category of people
2. Listening to survivors to assess their individual needs and promote their rights and best interests
3. Taking a gender-sensitive approach
4. Recognizing that survivors’ informed individual choices should be key drivers of truth, justice, reparation, and healing initiatives
5. Ensuring information and protection measures are both easily accessible by survivors and simple to understand
6. Avoiding raising expectations that cannot be met

The survivor-centered approach is underpinned by principles of “Do No Harm”: safety, confidentiality, respect, and non-discrimination. Every organization working with survivors has a responsibility to uphold these principles—a responsibility that cannot be overridden by the argument that “the ends justify the means.” In practice, this means organizations working with survivors must
ensure their efforts to pursue a specific goal or outcome do not undermine the agency, dignity, or empowerment of survivors at any stage of the process—even if the organization believes it is in its best interest or will serve a greater goal for their family, community, or nation. Under the “Do No Harm” principles, implementing a survivor-centered approach requires staff at every level of an organization to recognize their own biases and interrogate wherever they, as service providers, hold viewpoints that are incompatible with the principles of non-discrimination and respect.

ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

About their contexts:

Who has experienced sexual violence in our community?
- How has sexual violence affected populations in our community—women, men, children, LGBTQI+ people, people with disabilities, indigenous people, detainees, children born of sexual violence, family members, etc.—differently?

What sources of information related to a holistic approach to justice and accountability exist and are available to the survivors in our community?
- Is there any additional information or resources that would be helpful for them to have access to in order to shape their priorities and envision their goals?

What kinds of risks do survivors face in coming forward to work with us—whether physical, mental, social, or economic?
- How do these risks differ for different populations?

How are survivors of CRSV viewed in our community?
- Are they stigmatized, or do they face certain forms of prejudice?
- Do certain populations face different forms of stigma or prejudice?

What kinds of pressures might survivors face—whether internal or external to the community—when choosing to work or NOT work with us?
- If the conflict is ongoing, how does it impact the pressures survivors are under to work with us or not?

Have survivors been disappointed or harmed in any way by participating in similar programs in the past?

What risks do survivors and the protection of their information face?

Who are the other actors working with survivors in this context?
- What types of programming do they offer, and which communities do they serve?
- What types of programming do they offer, and which communities are being left out of the existing programming?

Are there existing traditions, forms of cultural heritage, or communal points of pride that could inform our programming?
To themselves:

Have we conducted a recent needs assessment for the survivors we aim to support to ensure that we have a clear understanding of their needs, challenges, and priorities?

- Have we disaggregated between the needs, challenges, and priorities of different populations based on sex, gender, age, educational backgrounds, "class," types of crimes/violations, displaced/non-displaced, ethnic and other groups, rural-urban, and disability?
- Have we considered the needs of children born of CRSV?

What are the goals of our work?

- What are the underlying motivations driving our efforts?
- Have these goals been expressly informed by survivors?

How will we ensure that survivors have a role in conceptualizing, developing, shaping, and implementing our work for and with them?

- What systems are in place to facilitate this?

Do we have the capacity to safely store confidential information that survivors might share with us?

What strategies do we have in place to assess and mitigate any risks survivors might face in working with us?

- Do these strategies reflect that different populations might face different risks in working with us?

What strategies do we have in place to assess and mitigate any risks that our organization might face when working with survivor populations?

Do the survivors engaged in our programming have a clear understanding of the potential risks and benefits involved?

In what ways does our programming empower the survivors we reach? How are we actively practicing non-discrimination in our approach?

What steps have we taken to ensure our services are accessible to individuals from marginalized groups?

- If our programs are not reaching certain groups of survivors, what are the barriers preventing us from doing so?

Do staff members have the expertise and experience needed to deliver our programs in line with best practices? If not, do we have a recruitment strategy that will enable us to address these gaps?

What kind of training have our staff members received to ensure their work embodies the “Do No Harm” principles? Are mental health and psychosocial resources available to our staff members who will be regularly working with survivors?

How can we responsibly manage the expectations of the survivors we work with and ensure that they are realistic?

What do we need to include in our funding applications, implementation plans, organizational policies, standard operating procedures, etc. to make sure that we have long-term capacity and to be survivor-centric?

- Are we equipped to respond to requests we might receive from survivors in the future (e.g., regarding revision of their consent to have their information used as part of a program)?

How can we ensure that the survivors involved in our programming are willing participants and are not being pressured to engage with us?

- Do we have a clear process in place if a survivor decides they no longer want to engage in our program? What are the actions we need to take in this eventuality?

How will we maintain long-term contact with the survivors in our community to keep them informed about our programming?

- What forms of communication are best suited for reaching them (taking into account languages, literacy levels, and access to technology)?
- Are we equipped to contact survivors in light of changing security circumstances or if there is a security breach?
To survivors:

Is there additional information you would like to know to help you to decide whether to participate in our programming?

How often and in what ways would you like to be consulted/involved in our programming?

Do you feel that you have a clear understanding of the potential risks and benefits of participating in our programming?

What information are you comfortable sharing and for what purposes (give a range of possible options and uses)?

Have you participated in any similar programs in the past?
  • What was your experience like?
  • What worked well?
  • What could have been improved upon?

What barriers have you faced previously in accessing support?

Do you have any concerns about your ability to participate in our program?

Further reading

Resources and further reading related to ethics and best practices for working with survivors, including an example risk assessment and checklist for gathering informed consent, can be found in the Further Reading section of the toolkit.

2. Holistic Support Services

Introduction

The devastating impact of CRSV often leaves survivors in need of a range of support services, encompassing health care (including comprehensive sexual and reproductive health services); mental health and psychosocial support; legal assistance, educational, economic, and reintegration opportunities; and livelihood support. Children born of sexual violence may also have needs
related to the stigma of their birth and potential ostracism from family and community, as well as their legal status and ability to access services contingent on their status, including health care and education.

Survivors facing physical and emotional trauma, threats to their security, loss of housing, and stigma by their communities often grapple with the most fundamental physiological and safety needs. Addressing these immediate needs, including the need for medical care, food, clothing, and shelter, is crucial to minimize distress and reduce the risk to survivors, including of suicidality and risk-taking behavior.

With support to meet their physiological and security needs, survivors may gradually shift their focus toward emotional well-being, social connections, and recognition of the harms committed against them by seeking justice, accountability, and truth telling. This is often when psychosocial support services become crucial, as survivors are transitioning to integrate their sense of self after their traumatic experience(s).

CSOs have a key role to play in meeting survivors’ needs, either by directly offering holistic support services (if they have the capacity to do so) or by referring and accompanying survivors to third-party service providers. Organizations should not assume that survivors know how to or are already accessing the support they need when they begin working with a survivor. Instead, they should ensure they are prepared to provide survivors with the information they may need to access other forms of support. At a minimum, this means organizations must do the following:

- Keep a list of available support services, including their quality and gaps
- Understand how to refer survivors to services and explain limitations in available support
- Ensure other organizations understand the support their organization provides

It is important for CSOs providing services such as mental health and psychosocial support or livelihood support, while also undertaking documentation for truth-telling and justice-related purposes, to be aware of the risk that legal stakeholders might question the motives and credibility of survivors and/or the organization if they perceive that survivors are being incentivized to give a statement or make up allegations in order to receive support. Organizations should avoid this risk by identifying suitable referral pathways so that survivors can receive support from other service providers. In contexts where doing so is not possible, due to a lack of available referral pathways or a grant stipulating the organization must provide support services as well as undertaking documentation, organizations must ensure the design of their services does not imply, explicitly or implicitly, that survivors must give a statement in order to access support.

Organizations considering providing mental health and psychosocial support services, while also undertaking documentation for truth-telling and justice-related purposes, should conduct a thorough analysis of the risks and benefits involved in offering these services using the “Strengths, Weaknesses, Opportunities, and Threats” analysis tool.
ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

About their contexts:

Are public services in the health, judicial, and educational sectors functional?
- If so, which public services can survivors access for support?

Which specialized support services (medical, psychosocial, legal, reproductive, livelihood, educational, religious, spiritual, cultural, vocational, substance abuse and addiction, and protective services, including gender-based violence shelters that survivors can access with their families) are available to survivors?
- Are there any services specifically offering support to survivor populations that face additional barriers to accessing services?

Of the support services that are available, are they accessible to all survivors in the context we are working in or are they concentrated in a specific geographic location?
- Who is providing these services? Have staff had the appropriate background checks to ensure they are safe to work with survivor populations?
- Have staff received sufficient training to meet survivors’ needs and ensure they are operating according to “Do No Harm” principles? Are survivors likely to face any physical or digital risks in attempting to access these services (e.g., physical danger in traveling to receive services, having their identities revealed, or having their information hacked)?
  - Are there other barriers preventing survivors from accessing these services?

What other types of barriers might survivors face in attempting to access services (e.g., language, cost, disability access, transportation, caring responsibilities, permission from a guardian, etc.)?

What are attitudes toward accessing professional care like in our community? Is there stigma around seeking, for example, mental health services?

To themselves:

Who are our target beneficiaries?

Which services are we best placed to provide directly?
- If we are providing both support services (mental health and psychosocial support, livelihood support, etc.) and truth-telling and justice-related services (documentation, etc.), have we thoroughly assessed the risk of doing so? What measures will we ensure we have in place to avoid the risk of undue pressure on survivors to have their statements taken in order to get help?
  - Have we communicated the risks of engaging with our services clearly to survivors?
Which services are other service providers better equipped to provide?

How do we refer survivors to support providers outside our organization/association?
- Do we have a map or referral pathway of service providers in our area?
  - Have we considered the needs of different survivor populations when compiling a map of, or referral pathways to, these service providers?
- Do we have a case management system? If not, do we have a designated member of staff who can follow up on referrals?
- Who is responsible for maintaining and updating this information? How often is it updated?
- When we identify gaps in referral pathways, how are they communicated?

Do we have systems in place to assess the quality of support providers outside our organization/association?
- How regularly do we conduct an assessment of the quality of support survivors are receiving?

Are other organizations aware of the services we provide?
- How can we raise awareness about the programs we offer?
- Do other organizations trust us?

How have our services been designed to account for survivors’ needs and accessibility requirements?
- Can we implement mobile services to reach those who cannot reach us?

Are there opportunities for us to support the creation of a sense of community among the services we support?
- How can we facilitate this?
- Does the community trust us? If not, how can we build trust?

How can we encourage survivors to feel a sense of control over their participation in these programs?

Are our programs contributing to a greater awareness of CRSV within our community?
- Do our programs empower our community to take on a leadership role in addressing CRSV?

To survivors:

Are members of your community sufficiently sensitized about survivors’ needs?

What kinds of services are most critical to you/would you be interested in receiving?
- Have any barriers prevented you from accessing these services previously?

How did you learn about available services in the past?

Do you feel that you have sufficient information about the services available?

Are there other services you wish were available but have not been able to access?

Have service providers been professional, communicative, and responsive to your needs?
- Were you satisfied with the services you received? If not, why?

What changes did the services you received lead to in your life?

Can you reflect on these changes on the individual, social, and familial levels?

What role are survivors or survivor networks already playing in the provision of services in your context?
- How would you like to participate in the provision of holistic support services?
Were survivors involved in contacting you about or welcoming you to services?
  • If not, would this have encouraged you to participate in the service?

Have services been available to your children or others in your family affected by CRSV?
  • If not, what have been the barriers?

Are there any traditions within your community that could open opportunities to ensure or promote access to care?

**Further reading**

Resources and further reading related to holistic support services, including an example flowchart for building and maintaining referral pathways, and an overview of the different forms of mental health and psychosocial support that exist, can be found in the Further Reading section of the toolkit.

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3. **TRUTH-TELLING AND DOCUMENTATION**

**Introduction**

Deciding to participate in a documentation initiative can be a crucial starting point in a survivor’s pathway to seeking acknowledgement, healing, and justice. There are many reasons a survivor might choose to participate. In some cases, having the opportunity to tell their story can offer a sense of relief and solidarity with others who have experienced similar violations. In other cases, survivors may be motivated to contribute to the establishment of historical records that are vital for truth-telling.
initiatives, reconciliation processes, and transitional justice efforts, which in the longer term may help their societies come to terms with their past by fostering healing and understanding. Some survivors may also choose to have their experiences documented in order to seek accountability through legal avenues.

The first step for an organization planning to gather information from survivors is to identify its objectives for undertaking documentation. This is necessary to inform the type of documentation that will be carried out and to support survivors to make informed decisions about their participation by providing clear and realistic information regarding the potential use of their testimony.

Before conducting any interviews with survivors, an organization must review its information management systems to ensure that any statements or reports it plans to gather can be stored securely and uphold survivors’ confidentiality. The organization must ensure staff have received the necessary training to document in line with the minimum standards required to undertake their work safely, ethically, and effectively. Additionally, wherever organizations are planning to undertake documentation with the aim of gathering evidence for use in legal proceedings, staff must have the expertise required to gather information that meets the relevant evidentiary standards.

It is important for organizations to refrain from undertaking documentation without first confirming that a survivor has not already had their case documented elsewhere and/or has spoken on the record to a journalist about their case, in which case organizations must consider carefully whether they should undertake the documentation and move forward and do so only if they are confident that they are adding value by undertaking additional documentation. For example, a case that has been legally documented could potentially be strengthened by forensic medical documentation undertaken by a trained clinician. In most cases, however, the risks outweigh the benefits of duplicate documentation.

**Who can undertake documentation and for what purpose?**

<table>
<thead>
<tr>
<th>Non-government organizations and CSOs</th>
</tr>
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<tbody>
<tr>
<td>• To document sexual violence as crimes under international law for national or international criminal prosecution or to preserve evidence for future criminal prosecutions</td>
</tr>
<tr>
<td>• As victim representatives and civil parties representing victims before domestic, international, and hybrid courts</td>
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<tr>
<td>• To gather evidence of sexual violence for the purposes of civil compensation claims</td>
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<tr>
<td>• To gather evidence of sexual violence for human rights litigation and advocacy</td>
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<tr>
<td>• To document sexual violence for commissions of inquiry, truth-telling and other fact-finding mechanisms</td>
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<tr>
<td>• To document impact and harm for administrative reparations claims</td>
</tr>
<tr>
<td>• To gather information of sexual violence for advocacy</td>
</tr>
<tr>
<td>• To contribute to research of sexual violence to improve understanding of prevalence, patterns, and impact</td>
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</tbody>
</table>

Organizations considering beginning a documentation initiative should consider conducting a thorough analysis of the goals, risks, and benefits—and their preparedness for doing so—using the “Strengths, Weaknesses, Opportunities, and Threats” analysis tool.
Trained Clinicians (medical doctors and mental health professionals)

- To undertake forensic medical documentation, a process wherein trained clinicians conduct a detailed clinical interview of a survivor of torture and/or sexual violence and examine all signs and sequelae (a clinical term referring to the long-term effects of a difficult experience, event, or injury that affect a person long after the event or injury have occurred) of physical and psychological abuse. The clinical interview covers medical history as well as questions about pre- and post-torture physical and mental health. In addition to listening as the survivor tells their story of torture or sexual violence experience, the doctor conducts the forensic medical exam to correlate the story with the evidence of physical and psychological signs and sequelae they see and hear, photographing relevant scars or other physical conditions to include in the report. The process of interviewing, examining, photographing, and then writing up the report takes several hours.

National Authorities

- For police investigators and prosecutors to investigate cases of CRSV
- As investigative magistrates
- For prosecutors and lawyers to shape their legal strategies and arguments to prosecute sexual violence crimes
- For judges adjudicating cases of CRSV
- To document sexual violence as crimes or violations of international law for national truth commissions

Further reading

Guidance on gathering and using information from survivors in line with minimum and best standards can be found in the Further Reading section of the toolkit.

The International Protocol on the Documentation and Investigation of Sexual Violence in Conflict
ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

**About their contexts:**

Have efforts been made to document the stories of survivors of human rights violations?

*If so:*
- Have CRSV survivors been consistently included in these efforts?
- Who have been the primary documenters?
- Have the efforts been led by international organizations, or by local organizations?
- Have the documentation efforts been comprehensive, professional, survivor-centered, trauma-informed, and gender-sensitive?
  - What monitoring has been in place to assess this?
- Were survivors of different age groups and racial, ethnic, gender, economic, geographic, and religious backgrounds included?

*If not:*
- What have been the primary barriers to minority/marginalized groups’ ability to access documentation?
- Have we identified any “gatekeepers” (e.g., religious or community leaders, family members, other non-governmental organizations, etc.) that promote or inhibit survivors engaging in documentation initiatives?

Are there/have there been opportunities for CRSV survivors to engage in any formal truth-telling process, such as a truth commission, or informal/community-led truth-telling initiatives?

*If so:*
- Were survivors meaningfully consulted in the design and implementation of the process?
- Did survivors of CRSV have an opportunity to testify/share their stories with the option to participate anonymously if they wished to do so?
- Was the process inclusive, such as for survivors from marginalized backgrounds (e.g., ethnic minorities, LGBTQI+ individuals)?
- How were key findings from the process communicated to the public?
- Did recommendations from the process take into account the needs and priorities of CRSV survivors?

*If not:*
- What have been the primary barriers to implementing an inclusive truth-telling process: lack of awareness/understanding of the purpose and benefits of participating in truth-telling processes, safety concerns, lack of awareness/understanding of purpose of truth-telling process, lack of access (due to inaccessible location or costs associated with travel), stigma?
  - How do these barriers differ for various survivor populations?
  - Have any strategies been implemented successfully to overcome these barriers?
• In the absence of a state-led, formal truth-telling process, would it be possible to have an informal, civil-society-led truth-telling process?
  – If so, what could this look like?

To themselves:

**For organizations undertaking documentation:**
• What systems do we have in place that enable us to gather and store data securely?
  – Do staff receive regular training and refreshers on data management?
• For what purposes are we collecting documentation?
  – How does the purpose of our documentation shape the type of information we are collecting?
• Are there ways we can collect useful information on CRSV survivors’ experiences that would not require survivor interviews?
  – How can we avoid duplicating the efforts of other organizations collecting documentation and ensure we are making a positive contribution with our work? Are we clearly informing survivors about the risks associated with giving multiple statements to different organizations?
• Do we have enough qualified staff to conduct the documentation professionally and in a survivor-centered, trauma-informed, and gender-sensitive way?
  – Are staff aware of the minimum standards for gathering information from survivors of CRSV, as set out in the Global Code of Conduct for Gathering and Using Information About Systematic and Conflict-Related Sexual Violence (the Murad Code)?
  – Do we give survivors the opportunity to voice a preference for the gender of their interviewer? Are we able to respect their preference?
• Are there ways for us to reach communities/groups of survivors that otherwise might not be reached by documentation efforts due to their geographic location, security risks, language barriers, or other factors?

• Do we have protection strategies in place to enable communities/groups of survivors facing additional risks to engage with our work?
  – Have survivors and members of the community been involved in developing these protection strategies?
• What systems do we have in place to ensure we are protecting survivors’ identities?
• What systems do we have in place to ensure we are providing survivors with the information they need in order to decide whether to give their informed consent to participate in our documentation initiative?
• What steps are we taking to appropriately manage the expectations of survivors participating in our documentation initiative?
  - Have our documenters received appropriate training in working with survivors of CRSV?
  - Do we have systems in place that allow us to monitor whether our staff are undertaking documentation professionally, comprehensively, and in a survivor-centered and trauma-informed way?
• How will we support the well-being of survivors after they have provided a statement?
• How will we support the well-being of staff undertaking documentation?
• How will we safely maintain contact with survivors we interview in order to obtain consent for the future use of information they have shared?
• How will we keep the survivors and communities that have participated in our documentation initiative informed about any progress we are making in our work?
• Can anything be done to make our approach more empowering to the survivors we reach?
• How can we implement the learnings from our documentation initiative into our work?

Where have there been gaps in existing truth-telling processes?
• Can we help to broaden the reach of an existing truth-telling process?
• Are there ways in which we could advocate for a more inclusive process?
• Can we design an approach that’s better suited to those who have not yet had an opportunity to share their stories?
• Are there storytelling traditions within communities that could be used to allow survivors to feel more comfortable or develop a sense of ownership over a truth-telling process?
• How can we advance findings or recommendations that have emerged from a truth-telling process and ensure they are reflective of CRSV survivors’ priorities and needs?

To survivors:

Have you participated in any documentation efforts?

If so:
• Have you been interviewed by more than one documenter/team of documenters?
• Did you feel that the documenters were respectful, considerate, and clear in their approach?
• Were you given clear information regarding possible uses for the information you shared, opportunities to consent/withdraw your consent during the interview, and information on how to contact the documenters after the interview?
• Did you have the opportunity to voice a preference for the gender of your interviewer? If so, was it respected?
• Did you request and/or receive any referrals for other services from the documenters?
• Did you feel pressured in any way to participate in the interview, either by the documenters or others?
• Is there anything that could have made the experience better or more empowering for you?

*If not:*
• Have you had the opportunity to have your story documented?
• If so, why did you choose not to participate?

<table>
<thead>
<tr>
<th>Have you participated in any formal or informal truth-telling processes?</th>
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</thead>
<tbody>
<tr>
<td><em>If so:</em></td>
</tr>
<tr>
<td>• What was your experience like?</td>
</tr>
<tr>
<td>• What did you appreciate about the experience?</td>
</tr>
<tr>
<td>• Is there anything that you wish had been done differently?</td>
</tr>
<tr>
<td><em>If not:</em></td>
</tr>
<tr>
<td>• Would you be interested in sharing your story as part of a broader truth-telling process?</td>
</tr>
<tr>
<td>• What kind of conditions would need to be in place in order for you to participate (e.g., the possibility of sharing anonymously, an opportunity to participate locally without having to travel to another city/region, etc.)?</td>
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</table>

### 4. JUSTICE AND ACCOUNTABILITY

#### Introduction

This toolkit defines “justice and accountability” as modes of accountability, restoration, and the full enjoyment of human rights by individuals who have been the victims of a crime. Justice and accountability may take different forms and be realized through different tools, including transitional justice mechanisms, as well as truth-telling, memorialization, reparation, effective remedies, acknowledgment or awareness of crimes and violations, formal civil or criminal court processes, and informal and traditional forms of justice.
Justice and accountability is often a misunderstood concept, equated solely with the criminal justice system. Many governments that are focused on advancing justice for CRSV have treated it primarily as a crime requiring legal accountability. This focus has helped contribute to the significant progress that has been made in investigating and prosecuting CRSV in recent decades and the growing jurisprudence on this issue. A mounting body of evidence, however, suggests that accountability alone has serious limitations as a deterrent of CRSV and does little to address its root causes: structural gender inequalities, discrimination, and harmful norms and practices. Scholars and activists have also identified a range of practical shortcomings of international criminal justice proceedings and their potential to adequately respond to gendered harms, with research demonstrating the dissatisfaction of survivors with criminal justice processes in relation to both conflict and non-conflict settings. This body of work takes note of the fact that many survivors feel silenced, deprived of agency, and re-victimized in criminal proceedings.

The importance survivors place on seeing their perpetrators held accountable for their crimes in a court of law or penalized through another formal mechanism (e.g., through sanctions) will vary from person to person and context to context. For some, an official ruling may constitute an important recognition of the harms they endured, while for others a guilty verdict may open the doors to compensation or other reparative measures. Regardless of the specifics, in these cases, CSOs can play a key role in supporting survivors in their quest for justice and accountability by connecting survivors to legal guidance, helping them identify alternative pathways to justice, advocating on their behalf for survivor-centered protocols and accessibility measures as part of trials, accompanying survivors to court proceedings, and devising strategies to mitigate security risks they might face as a result of participating in justice processes.

In line with a survivor-centered approach, this toolkit—taken in its entirety—provides CSOs with a framework to reflect on survivors’ needs in the round, recognizing that justice and healing can take many different forms and be achieved through different initiatives. Other forms of justice and accountability are explored elsewhere in the toolkit; however, the questions and resources in this section focus primarily on supporting survivors to seek legal accountability and retributive justice.
ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

About their contexts:

Which of the following services that facilitate access to justice processes exist in our context: awareness-raising of documentation, legal service availability, and paths to justice for survivors; forensic medical documentation to collect evidence; mental health and psychosocial support services to help survivor prepare to share their stories; access to lawyers trained in documentation and case-building for international crimes and human rights violations; a core contingency of women involved in documenting and investigating human rights violations so that women and girls are comfortable coming forward; livelihoods support; or transportation for survivors or mobile support going out to rural or remote areas to offer support?

• What, if any, are the barriers preventing survivors from accessing these services?

Is there political will to prosecute CRSV crimes through the domestic court system?

Are there laws within the domestic legal system that clearly define and criminalize CRSV crimes in line with international standards?

• If so, what are the strengths and weaknesses of these laws?

Are there laws within the domestic legal system that enable survivors to access certain forms of support—health care, mental health and psychosocial support, reparation, etc.?

• Has sufficient budget been allocated to fund these support services?
• Are there enough trained practitioners and experts to deliver these services?

Do domestic courts have the resources and capacity to prosecute CRSV crimes?

• Have key actors (judges, lawyers, law enforcement) within the domestic legal system received adequate training on prosecuting CRSV crimes in a survivor-centered manner that does not re-traumatize or increase stigma?
• Are there systems in place to assess the impact of training with key justice actors?
• Is there an equal gender balance among key actors (judges, lawyers, law enforcement)?

Have other states or international institutions displayed an interest in supporting the prosecution of CRSV crimes through criminal trials or alternative means, such as sanctions on key perpetrators?

• Is the country a party to the International Criminal Court (ICC)?
• Is there a possibility of prosecuting the crimes under universal jurisdiction?
• Does the country belong to a regional human rights system that could support the prosecution of CRSV crimes?
  − Have there been any prosecutions of CRSV that we can learn from?

Are there traditional justice mechanisms that could provide redress to survivors?

• Who are the key actors within traditional justice mechanisms and would they have the capacity and willingness to support CRSV survivors?

Are there any healing initiatives for perpetrators?

To themselves:

Have we conducted a thorough analysis of the different justice actors in our context to inform our understanding of where our efforts to seek justice for survivors might be best placed?
How can we support survivors’ access to legal services (e.g., through referrals or by accompanying them through the process)?

If there is a domestic legal process underway—or the possibility of a domestic trial—how can we ensure that it is accessible to CRSV survivors and responds to their needs?

Are we equipped to offer training on survivor-centered, trauma-informed, and gender-sensitive approaches for key personnel?
- Do we have partners we can enlist to provide or support these trainings?

Can we advocate for specific reforms to be made to make the process of seeking justice more inclusive and accessible to survivors?

Can we raise awareness on CRSV crimes, their impacts, and survivors’ needs to educate the general public and reduce stigmatization?

In the absence of a domestic trial, are there outside states or institutions with which we can advocate for an alternative pathway to justice (e.g., international or hybrid tribunal, regional enforcement of human rights treaties, or sanctions)?

To survivors:

What does justice mean to you?
- Is there a specific process that would best meet your needs (e.g., a criminal trial, restorative justice process, or reparations program)?

Have you sought legal services or participated in any justice or accountability processes?
If so:
- What was the experience like for you?
- What did you appreciate about the process?
- Where were the gaps?
If not:
- What have been the primary barriers preventing you from participating?

Further reading

Resources related to justice and accountability, including a comprehensive overview of the legal frameworks that can be used to access justice for mass atrocities, can be found in the section of the toolkit.
5. REPARATIONS

Introduction

Survivors of CRSV have a right to an effective remedy and reparation, which includes different forms of redress such as compensation, restitution, satisfaction, rehabilitation, and guarantees of non-recurrence. Following the adoption of the International Covenant on Civil and Political Rights (ICCPR) by the UN General Assembly in 1966, this right has been developed in subsequent treaties including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (adopted by the UN General Assembly in 1984) and the International Convention for the Protection of All Persons from Enforced Disappearance (adopted by the UN General Assembly in 2010). In 2005, the UN General Assembly adopted the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, which emphasize that States are responsible for ensuring “equal and effective access to justice” for victims of violations of international human rights law. This includes “adequate, effective and prompt reparation for harm suffered.”

Various other soft law instruments have been enacted, including the Nairobi Declaration, the Guidance Note of the Secretary General on Reparation for Conflict-Related Sexual Violence, general recommendations from the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), as well as UN Security Council resolutions. These have paved the way for a clearer recognition of the right survivors have to effective remedies, including reparation.

A transformative approach to reparation for survivors of sexual violence, which asserts that reparation cannot be limited only to repairing the specific harm but also must change the discriminatory structural conditions that allowed the acts to occur in the first place, emerged with the Nairobi Declaration on Women’s and Girls’ Right to a Remedy and Reparation in 2007 and was fully developed by the Inter-American Court of Human Rights in Cotton Field v. Mexico in 2009. Both recognized that reparation in cases involving discrimination called not for restitution but for transformative redress and established that “reparation must drive post-conflict transformation of socio-cultural injustices, and political and structural inequalities that shape the lives of women and girls.”
In October 2021, the Inter-American Court of Human Rights ruled the Colombian state responsible for the abduction, rape, and torture of journalist Jineth Bedoya Lima in 2000 and ordered the Colombian government to investigate, prosecute, and punish those responsible. The government was also ordered to set up and fund a memory center to honor female journalists subjected to sexual violence as a result of journalism, publish disaggregated data on gender violence and threats and violence against journalists and human rights defenders in Colombia, as well as other very unique forms of redress.

State-led administrative reparations programs have the potential to benefit much larger numbers of survivors than do court-ordered reparations, while also being able to contribute to transformative reparation. However, in countries such as Iraq, Peru, and Colombia, where domestic reparations programs have been set up, many challenges remain to achieving adequate, prompt, and full reparation for survivors. In Colombia, what has been considered the most ambitious domestic reparations program worldwide was set up through Law 1448 of 2011. The program includes survivors of CRSV and children born of war. It recognizes that reparation should be transformative and must have a gender approach. Despite the ambition of the law, after more than a decade of its implementation, survivors are still waiting to access key forms of reparation such as rehabilitation.

**Reparations**

**ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE**

**About their contexts:**

**Is there political will and capacity to provide reparation for survivors of human rights violations, including CRSV survivors?**

_If so:_

- What forms of reparation are available?
- What criteria do survivors need to meet to be eligible for reparation, and who makes this decision?
- Is this process accessible to survivors of CRSV, including those from marginalized communities?
  - If the process is not accessible to all survivors, what are the barriers or obstacles preventing access, disaggregated by different groups (ethnic, gender, sexuality, religious, etc.)?
  - Is there a hierarchization of victims?
- Have survivors of CRSV been meaningfully consulted and involved in the design, implementation, monitoring, and evaluation of the program?
- Does this include marginalized survivors, taking into account literacy levels and physical barriers for those in rural/remote areas?
- How does political will affect the reparation regimes? Is there a risk that they could be weakened or dissolved when a new government comes to power?

_If not:_

- Are there outside institutions with the will and capacity to provide reparation to survivors of CRSV? For example, are there any interim reparative measures in place?
- Is the Trust for Victims at the ICC providing support to survivors of CRSV?
To themselves:

If there is a reparations program in place—or the possibility of a reparations program—how can we influence its design so that it is accessible to CRSV survivors and responds to their needs?
- How can we ensure that it is also accessible to children born or war?
- Are there mechanisms to verify and monitor the program’s implementation? How do they operate?

Are we equipped to offer training on different forms of reparation and survivor-centered approaches to key personnel?
- Do we have partners we can enlist to provide or support these trainings?

Can we advocate for specific reforms or changes to the program that will make it more inclusive, accessible, and responsive?
- If there is a hierarchization of victims, have we advocated for inclusiveness and non-discrimination to avoid creating a sense of unfairness that can fuel future conflict?

Can we raise awareness among the public about the need for and purpose of the reparations program?
- Can we provide guidance and support to individuals, families, and communities that receive reparations in order to provide them with education on how best to make use of the reparative resource without infringing on their right to autonomously decide?

In the absence of a formal reparations program, can we work with survivors to design a program or initiative that will respond to their urgent and long-term needs?

If there is a reparations program available, have you participated in the development of its processes and policies?
If so:
- What was the experience like for you?
- What did you appreciate about the process?
- Where were the gaps?
If not:
- What have been the primary barriers preventing you from participating?
- How would you like to be involved in the process?

If there is a reparations program available, have you sought reparations?
If so:
- What was the experience like for you?
- What did you appreciate about the process?
- Where were the gaps?
- Did the program respond to your needs and priorities?
If not:
- What have been the primary barriers preventing you from participating?
- In the absence of an existing reparations program, what form(s) of reparations do you feel would be most valuable to you (e.g., individual monetary reparations, specialized services, vocational training, the creation of a memorial, etc.)?
- How would you like to be involved in the process?

Further reading

Resources related to reparation, including further information on how victims can shape the design of reparations programs and guidelines on transformative reparations, can be found in the section of the toolkit.
6. REFORM AND PREVENTION

Introduction

Weak or compromised public institutions—including the police, military, and judiciary—often fail to uphold the rule of law and protect the rights of citizens in countries experiencing conflict, thereby exacerbating the risk of CRSV and other violations occurring. When these institutions lack independence, transparency, and accountability, they can become instruments of repression and systemic violations of human rights.

Institutional reform, defined as the process of reconfiguring state institutions to respect human rights, uphold the rule of law, and be accountable to citizens, is often a key objective for organizations involved in the struggle for justice and accountability for CRSV. This approach recognizes that reform initiatives not only provide accountability and redress for past abuses, but can also dismantle the structures and ideologies that contributed to conditions that enable the violations to occur, helping to prevent future violations.

Another key measure organizations may seek to advance is the amendment of legal frameworks to criminalize perpetrators of CRSV and protect survivors, their families, and those who advocate for change. Laws that discriminate against specific groups, such as women, girls, widows, individuals with diverse sexual orientations, gender identities or expressions, and sex characteristics (SOGIESC), and minority and indigenous communities can obstruct efforts to address CRSV. These discriminatory legal frameworks include laws restricting safe access to abortion and those denying women the right to confer nationality to their children, particularly those born of sexual violence—or the absence of legislation banning marriages under the age of 18. One approach along this path is to foster a supportive normative environment through legal reform. Evidence shows that changes to legislation addressing violence against women and girls are most effectively accomplished by signing and ratifying international conventions and also the presence of women's rights organizations, feminist movements, and government entities dedicated to women's issues, such as ministries, councils, and committees. However, the existence of a robust legal framework alone is insufficient to address CRSV unless it is coupled with the full implementation of laws—and that the normative framework involves factors such as political will, allocated budgets, capacity building for public officials (including law enforcement and the judiciary), specialized judicial processes for gender-based violence, civil society monitoring, and advocacy by CSOs to hold states accountable for fulfilling their commitments to law implementation.
ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

About their contexts:

Were there pre-existing structural inequities or cultural norms that may have made certain populations particularly vulnerable to CRSV crimes before and/or during the conflict?

Were specific populations (e.g., racial, ethnic, or religious groups or individuals of a certain sexual orientation) targeted with CRSV crimes?

Prior to the conflict, were sexual and gender-based violence (SGBV) crimes clearly defined and enforced within the national legal system, in line with international standards?
  - If so, have they been successfully implemented to investigate and prosecute perpetrators of the crimes?
  - If they have not, what are the key factors in the persistent impunity?

Were there pre-existing structural inequities or cultural norms that may have made individuals from certain backgrounds hesitant to report or seek justice for CRSV crimes (e.g., laws that criminalize sexual acts between individuals of the same gender or the stigmatization of survivors)?

Have any efforts been made to address these risk factors or reform policies that may have increased the risk of CRSV crimes or prevented survivors from coming forward?

Are any of the perpetrators of CRSV crimes still in positions of power, either legally (e.g., as elected officials) or illegally (e.g., as members of non-state armed groups)?

Are there specific institutions (e.g., law enforcement, military, judicial system) in need of training on working with and supporting survivors of CRSV and SGBV?

Are there specific institutions (e.g., schools, faith institutions, etc.) that are preventing campaigns from raising awareness of SGBV?

Are there other organizations working on prevention and reform with which you can collaborate at the local or international level?

To themselves:

Could we advocate for specific reforms that would address policy failures or structural inequities that may have led to or failed to prevent CRSV crimes?

Could we advocate for specific reforms that would remove perpetrators from positions of power?
Are there others with whom we can collaborate (e.g., other organizations or political allies) to advocate for or enact these reforms?

Could an awareness-raising or educational campaign help shift attitudes that may have made certain populations vulnerable to CRSV crimes or afraid to report them?
- What strategies can we adopt for working within communities that lack social and political literacy?

Are there opportunities for collaborations with other influential figures and communicators (e.g., religious leaders, journalists, artists, or educators) who could join us in combating harmful cultural norms or attitudes toward SGBV and CRSV survivors?

Do we have the capacity and knowledge to offer training for individuals in key institutions working with survivors of CRSV and SGBV?
- Are there partners we could enlist to provide or support these trainings?

To survivors:

What do you think are the root causes of violence perpetrated by protection actors?

What type of changes—either in our state policies, societal inequities, or cultural norms—do you feel are most important for preventing future generations from suffering similar forms of violence?

What changes would you like to see in how society supports/treats survivors?

How would you like to participate in reform processes?

Can you point to any policies, cultural attitudes, or trends you observed that prevented you or made you hesitant to report CRSV crimes?

Resources related to reform and prevention, including a practitioners guide to strengthening participation in local-level and national transitional justice processes, can be found in the Further Reading section of the toolkit.

Further reading

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7. MEMORY AND EDUCATION

Introduction

Memorialization, within GIJTR’s work, is understood broadly to encompass the many ways we preserve the memory of individuals or events and carry those memories forward into the future, whether as a specific community, region, or nation. This can include many different types of projects and a wide array of forms, including some that may not be designed to be permanent—such as exhibitions, collective actions designed to promote remembrance, the publication of booklets with victims’ stories, theater performances, reburial ceremonies, the preservation and contextualization of historic sites, and community art projects.

When handled with consideration and care, memorialization initiatives have the potential to provide safe spaces for individuals to remember and preserve even the most traumatic memories, while allowing space for reflection on lessons from the past. As part of a holistic approach to pursuing justice and accountability for CRSV, memorialization can play a number of different roles. Memorialization initiatives have the potential to honor those who have been lost or harmed while calling attention to ongoing injustices and survivors’ needs. Projects that directly involve survivors in the creation of a memorial through techniques such as quilting and basket weaving can be particularly impactful, providing a creative outlet for sharing stories and building a sense of community, while simultaneously training survivors in a marketable skill that can help them earn a living to support themselves and their families.

Alongside formal transitional justice processes such as trials, truth commissions, and reparations programs, memorialization projects can offer survivors a sense of recognition—that their pain has been acknowledged and seen—while building public support for their cause and without necessarily requiring them to testify publicly about their experiences. One of the strengths of memorialization as a tool is that it can allow multiple and even conflicting perspectives to exist side by side and make space for the types of reflections and narratives that might not fit within the stricter confines of a trial or truth commission. Finally, creative, participatory processes such as body mapping can prove cathartic, contributing to long-term healing for survivors on both a personal and broader social level that some may equate with a feeling of justice.

Similarly, educational programs that focus on past conflict and human rights violations, including CRSV, can address the root causes of violence, debunking harmful stereotypes that underlie structural inequalities based on gender, race, or ethnicity. Whether as part of a nationwide curriculum or an informal program led by a CSO, educational initiatives that aim to promote a culture of human rights can also help youth build critical skills that allow them to evaluate conflicting information and practice behaviors founded in a sense of equality and justice, rather than harmful patriarchal norms.
ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

About their contexts:

What is the current memorial landscape?
- What types of memorials or memory initiatives exist?
- Whose stories do they tell? Whose stories are left out?
- Are different stories told at the national, regional, and local levels? Between different communities?
- Have the stories of CRSV victims and survivors been included in any memorialization initiatives?
- Among CRSV victims and survivors, are the stories of some told more than others (e.g., from different racial, ethnic, religious, or gender backgrounds)?
- What role does the media play in constructing memory related to CRSV?
  - Does this construction reflect survivors’ experiences?
  - Have any groups of survivors been made invisible?
- Which communities are targeted in memory initiatives? Which are excluded or lack access?
- Who is the intended audience of the memory initiatives (e.g., foreign tourists, local tourists, the community)?

Are there existing sites where CRSV crimes have been committed?
- Do CSOs or survivor groups have access to these sites?

Do survivors and/or CSOs face any risks in seeking memorialization, due to, for example, repression, retaliation, stigmatization, etc.?

What are students learning about the conflict within the formal education system?
- Are there informal education programs that address the drivers and impacts of the conflict?
- Do any of these programs—formal or informal—address CRSV crimes?

Are there any educational programs that address SGBV or harmful gender norms within a human rights framework?

Are there commemorative days that can be used for advocacy (e.g., international days, national days, or unofficial days)?

To themselves:

Are there ways we could contribute to the memorial landscape by adding a new perspective or sharing the stories of CRSV victims or survivors who have not yet been acknowledged?
How can we promote memorialization of survival, resistance, and resilience rather than only of violent acts?
- How can this be used to combat the distrust and fear that has been bred in a traumatized society?

Would the timing be right for CRSV survivors to participate in a memorialization initiative in our community?
*If so:*
- What would the goal(s) be? To offer a sense of recognition to survivors? To raise awareness of the violations that have taken place? To provide a space for mourning or healing? To educate visitors on the root causes of the violence?
- How would survivors be engaged and meaningfully consulted throughout the design and implementation of the project?
- What medium would be most appropriate for our memorialization project? Is there a specific format that would appeal to the audience we intend to target or a creative medium that would allow survivors to both actively participate in creating the memorial and feel a sense of pride in its construction?
- How will we handle conflicting narratives when they arise—either in the process of creating the memorialization project or after it is opened to the public?

To survivors:

What would you want future generations to learn or remember about this conflict and the violence that has taken place?

Have you participated in any past memorialization or educational initiatives?
*If so:*
- What did you appreciate about the program(s)?
- What would you like to see done differently?
- Are there any particular mediums through which you would be interested in working to share your story (e.g., film, song, dance, theater, craftwork, or visual arts)?

Further reading

Resources related to reform and prevention, including a comprehensive “Memory to Action” toolkit, can be found in the Further Reading section of the toolkit.
8. COMMUNITY AND SOLIDARITY

Introduction

Networks of survivors of CRSV offer crucial support to other survivors, fostering circles of trust and care in which they can share their stories with others who have lived through similar experiences and consolidate their efforts to achieve greater impact. The creation and maintenance of these networks, however, are not always straightforward. For mothers, fathers, sons, daughters, partners, professionals, and individuals with various cultural and religious backgrounds, some may self-identify as victims or survivors, while others may resist such a label for a variety of reasons. Many may have experienced other forms of human rights violations that complicate their identity as survivors, while others may wish to avoid the stigma attached to sexual violence. Among survivors themselves, there may be divisions based on ethnic or religious identity or stemming from a scarcity of resources and sense of competition between groups. For all these reasons, networks of survivors of CRSV and SGBV vary greatly in their structure and often come into being in other forms initially—as an alliance of survivors of various human rights violations from a specific community, for example, or a group engaged in collective mental health and psychosocial support activities—before their members grow comfortable focusing on sexual violence as part of their mission or reason for being.

Nevertheless, once these networks are established—whether explicitly for survivors of sexual violence or with a broader mandate—they can play a vital role in disrupting cycles of silence, trauma, and self-blame. By helping their members understand the broader structural inequalities at the root of the violence they experienced and engaging them in healing practices and collective actions, survivor networks can offer their members moral support and a sense of solidarity—assistance that may be particularly appreciated among individuals who have experienced stigmatization or silencing at the hands of their family, friends, or broader community. By providing a platform for their members to coordinate their efforts and develop shared goals, survivor networks can amplify the voices of their individual members and increase the effectiveness of their advocacy and awareness-raising efforts. Whether operating at an international, national, or regional level, these organizations connect individuals who may have been forgotten or cast aside with those in positions of power. Because their strength stems from an alliance of survivors themselves, these networks have the potential to endure far beyond the scope of any outside intervention, expanding and shifting to meet survivors' needs over time.
ASSESSMENT QUESTIONS FOR ORGANIZATIONS TO POSE

About their contexts:

Are there any existing networks of sexual violence survivors in our country/region/community?

If so:

- Do any of these networks specifically focus on CRSV?
- Do any of these networks focus on other human rights violations?
- Are these networks inclusive of survivors from different racial, ethnic, religious, and gender identities, or are any groups excluded?
- What kind of work or actions do they typically engage in?
- What role do these networks play?
  - What role do they play in national processes for justice and accountability, truth-telling, reparations, or other transitional justice mechanisms?
- Are any of these networks recognized by national authorities?
- Do the networks receive support from any external sources (e.g., donors, international non-governmental organizations, CSOs, etc.)?

If not:

- What are the primary barriers preventing survivors from joining or forming networks (e.g., lack of resources, fear of stigmatization, divisions among survivors from different backgrounds, etc.)?

To themselves:

Are there ways we could better support connection, community-building, and a sense of solidarity among survivors through our programming?

Are there any ways in which we may be fostering a sense of competition or distrust among survivors through our programming?

If a network—or multiple networks—of survivors does exist, whether for survivors of CRSV specifically or survivors of human rights violations more generally, are there ways we could collaborate with them, support them through our programming, or find common points of interest?

If no networks exist, are there ways we could address the barriers that could be preventing survivors from organizing?

If there are multiple networks:

- What sets the networks apart (e.g., focused on different geographic regions, for survivors from different religious backgrounds, etc.)?
- Do the networks interact or collaborate in any way?
  - What challenges and opportunities are there for collaboration between these networks?
To survivors:

Do you belong to any networks of survivors, either of CRSV or human rights violations?

If so:

- What role does the network play in your life? What do you appreciate about being part of a network?
- How is your network organized? For example, do its members consist of individual members or organizations?
- What do you appreciate about being part of a network?
- Are there any aspects of the network that you would want to change?
- What activities does your network conduct? How does your network support survivors’ access to holistic justice and accountability?
- Are there other ways in which you would be interested in collaborating or working with fellow survivors?

If not:

- Would you be interested in joining or forming a network?
- Do you see any potential benefit to joining a network?
- What do you think a survivors’ network would be able to do or accomplish in your community?
- Is there anything that has prevented you from joining or forming a network in the past?

Further reading

Resources related to community and solidarity can be found in the Further Reading section of the toolkit. Organizations or groups of individuals interested in forming a survivors’ network may find the “Six Thinking Hats” exercise useful to explore some of the different benefits and challenges involved.
1. **Self-reflection, analysis, and brainstorming tools**

1.1. **Example agenda for conducting a self-assessment**

**Objectives:**

- To assess the extent to which survivors’ needs are being met in our context, and the challenges and opportunities for meeting these needs more comprehensively.
- To assess the extent to which we are responding to survivors’ needs and implementing a survivor-centered approach through our programs and strategies.
- To assess the extent to which the gaps, challenges, and opportunities for implementing a survivor-centered approach and meeting survivors’ needs more comprehensively reflects survivors’ own assessment.
- To explore whether we can expand existing programs or initiate new programs in response to the gaps, challenges, and opportunities they identify for implementing a survivor-centered approach and meeting survivors’ needs more comprehensively.

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### Agenda

#### Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 9:45</td>
<td>Opening and Welcome</td>
</tr>
<tr>
<td>9:45 – 12:45</td>
<td>Working Session: <strong>Ethics and best practices</strong></td>
</tr>
<tr>
<td>12:45 – 13:45</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:45 – 16:45</td>
<td>Working Session: <strong>Holistic support services</strong></td>
</tr>
<tr>
<td>16:45 – 17:00</td>
<td>Day 1 Wrap-Up and Closing</td>
</tr>
</tbody>
</table>

#### Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>9:00 – 9:45</td>
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<tr>
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<td>Working Session: <strong>Truth-telling and documentation</strong></td>
</tr>
<tr>
<td>12:45 – 13:45</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:45 – 16:45</td>
<td>Working Session: <strong>Justice and accountability</strong></td>
</tr>
<tr>
<td>16:45 – 17:00</td>
<td>Day 2 Wrap-Up and Closing</td>
</tr>
</tbody>
</table>
1.2. Grounding exercises for group meetings:

Due to the nature of the issues the toolkit discusses, carrying out a self-assessment may be emotionally draining or difficult for the individuals involved, especially in contexts where they are personally affected by the issues, as survivors of conflict-related sexual violence or individuals who have been affected by the conflict in other ways. It is important when carrying a self-assessment for organizations or groups of organizations to make space to support the wellbeing of participants. Using a grounding activity for sessions is a great way to create deeper connections and more mindful sessions, and bring greater intention to your interactions. Including grounding exercises at the start of the session can invite a sense of calm and relaxation for participants, or reset the group’s energy in the middle of a long day. Below are some example exercises to use or adapt when carrying out a self-assessment.

Setting intentions for the sessions

In order to get the most from carrying out a self-assessment, participants in the exercise should have a clear understanding of the objectives and desired outcome. The example agenda above includes suggested objectives for the self-assessment. In addition to having clear objectives, setting intentions for the sessions can help participants to delve deeper, fostering personal and collective mindfulness.

Encourage your participants to reflect on and identify their individual intentions for the session. For instance, a participant might think, “My intention is to listen deeply to others’ contributions in order to learn from their experience, and to not be afraid to ask questions to clarify information I am unclear about.”

To further enhance the group experience, consider guiding the participants by establishing a collective intention for the entire session. This unifying intention could be something like, “Our shared intention is to cultivate a sense of presence, attentiveness, and compassion during our time together.”

By setting both personal and group intentions, participants can foster a deeper sense of connection and purpose throughout the session, leading to more meaningful and focused interactions.
Deep breathing step-by-step guide:

Deep breathing is a powerful relaxation technique that helps to regulate the nervous system and foster a deeper connection with the body. By incorporating this practice into your session, you can create a more mindful and focused atmosphere for participants to engage with and benefit from.

- Invite participants to find a comfortable seated position with a straight but relaxed posture, placing one hand on their chest and the other on their stomach.
- Instruct them to take a deep, slow breath through their nose for five seconds, allowing the air to fill their abdomen, making the hand on their stomach rise while the one on their chest remains relatively still.
- Once they’ve reached the peak of their inhalation, ask them to hold their breath for five seconds, maintaining a sense of calm and relaxation.
- Guide them to slowly exhale through their mouth for five seconds, feeling the hand on their stomach lower as the air leaves their body.
- After completing the exhale, encourage them to pause and hold their breath for another five seconds before beginning the cycle anew.
- Lead participants through several rounds of this breathing pattern, allowing them to fully immerse themselves in the calming rhythm of their breath.

Movement and body awareness:

Breaking up meetings with movement can be particularly beneficial when participants spend extended periods sitting.

- Encourage the group to stand up, close their eyes, and take a moment to deeply inhale and exhale, focusing on their physical sensations and becoming more in tune with their bodies. For members of the group who may have mobility issues, encourage them to get comfortable in their chair and focus on their breathing from there.
- Prompt them to pay attention to any feelings or sensations they experience, whether positive or negative, and simply observe without judgment. Mindful awareness of their bodily state can help participants feel more grounded and present.
- Finally, as they continue to breathe, invite them to perform a mental “reset” by considering the intention they’d like to carry forward for the remainder of the session. This brief interlude of movement and intention-setting can reinvigorate participants, enhancing their focus and engagement as the session continues.

1.3. Strengths, Weakness, Opportunities and Threats (SWOT) analysis tool

A SWOT analysis helps organizations by providing a clear view of the issues they are dealing with and some insight into how their current strategies are working. Conducting a SWOT analysis can help to determine an organization’s strengths, weaknesses, opportunities, and threats. Situations when it may be helpful to conduct a SWOT analysis could include when preparing for a new program, evaluating the success of an advocacy campaign, or identifying training needs within the organization.

SWOT Analysis
Practical instructions for carrying out a SWOT analysis:

In a planning workshop, the standard template above can be split across four large flip-charts or pin boards for joint brainstorming.

- **Strengths** are internal factors within the organization or alliance that may be of particular importance for achieving your objectives, e.g. well-trained staff, strong referral pathways to mental health and psychosocial support services, or access to relevant government decision-makers. In a workshop, the questions “what are we good at” and “what are we proud of” help to surface these elements.

- **Weaknesses** are internal factors that may inhibit the ability to achieve your objectives. They may include lack of staff trained to carry work safely with survivors, limited funds, or lack of capacity to manage security threats.

- **Opportunities** are usually external factors, e.g. aspects in your society or community that potentially offer support to your work. They may include positive media attention, or a pre-existing public debate spawned by an event that makes conflict-related sexual violence more visible. It could be the ratification of the Convention against Torture or another relevant Treaty by your national parliament, a favorable national policy, or the appointment of a government Minister who is aligned with your objectives. It could also be an on-going or planned larger national or international effort (e.g. United Nations or national campaigns) that you can refer to and obtain support from.

- **Threats** are external factors, i.e. factors beyond your direct control, that may have a negative impact on your campaign and the likelihood it achieves its goal and objectives, for example security issues, hostile social attitudes towards survivors of conflict-related sexual violence, a change in government, or national crises.

In order for this exercise to provide useful information, strengths, weaknesses, opportunities and threats should be phrased as concretely as possible. Avoid abstract concepts such as ‘unstable political climate’—specify, in this example, what aspects of politics are unstable and how each aspect may affect your goals and objectives.

1.4. “Six Thinking Hats” exercise

“Six Thinking Hats” is a technique that helps teams to look at situations from a variety of perspectives, by each wearing a different hat. This enables teams to explore situations from a range of different angles, helping to ensure that important aspects of a situation are not overlooked, and to avoid a dynamic where every member of the group approaches the situation with the same biases or perspective. This can help teams to make better decisions that have balanced the possible positive and negative outcomes.

The “Six Thinking Hats” are:

- **YELLOW** hat is about positivity. Try seeing the benefits of this decision and what opportunities it opens.
- **GREEN** hat represents creativity. Let your mind run free and generate ideas without censoring them. Try coming up with creative options and solutions.
- **RED** hat is about emotions. How do you feel about this? Use your intuition and gut feelings. Try to see how others might react emotionally. It’s a great way to bring emotions into an otherwise rational process.
- **WHITE** hat makes you focus on the data. Analyze the available data and trends. This represents a very rational approach.
- **BLACK** hat represents looking at the downside. What are the worst-case scenarios? Take a defensive approach, imagine any potentially negative outcomes, see what might not work.
- **BLUE** hat is for controlling the process. They can move the process along by shifting the thinking or discussion to a different hat/perspective.
How to use the “Six Thinking Hats”:

- Assign a group moderator and have them wear a blue hat.
- Provide cards for each of the hats telling participants what perspective they should be taking with their hat.
- Make sure participants have a means of recording their ideas, providing a clear way of showing which hat they were wearing at the time.

An example of the exercise in action:

Your organization has been asked to support a piece of draft legislation on the status of survivors that will require the government to provide services to survivors. You use the Six Thinking Hats tool to make sure the decision is considered from all possible angles.

Starting with the **YELLOW** hat, you discuss the positive role the legislation could play in obligating the government to provide some services to survivors. It may necessitate additional funding for these services and will enable your organization to hold the government accountable for fulfilling its obligations.

You switch to the **BLACK** hat to look at the downsides: the draft legislation defines “survivors” narrowly and does not include children born of sexual violence. Supporting the draft legislation could weaken the case for pushing the government to provide services for children born of sexual violence in the future and send a signal to children born of sexual violence that their needs are being deprioritized by civil society organizations.

The person wearing the **WHITE** hat points out that this legislation would strengthen language on comprehensive sexual and reproductive health and rights services, which is not contained in existing legislation on services for survivors.

You put on the **GREEN** hat and generate ideas for how you might advocate for services for children born of sexual violence through other means if there is no support for including language on this issue.

Because the meeting has been running for a while now, the facilitator wearing the **BLUE** hat suggests postponing the decision until it has consulted with other organizations supporting survivors and children born of sexual violence in conflict.

The group decides to wear the **RED** hat to check how everyone feels about this plan. People agree that it’s a high-stakes decision and it feels right to lower the risk before making the decision. They’re less anxious about it now.

In this example, the group arrived at a reasonable next step toward making this decision. Using the Six Thinking Hats, every perspective was heard and the outcome was made possible by discussing the different perspectives.

### 1.5. Thermometer exercise for organizations

This exercise should be carried out before and after using the toolkit to conduct a self-assessment.

It enables individual organizations or groups of organizations to reflect upon how well survivors’ needs are being met in their context across the range of areas that support survivors’ pathway to truth, justice and healing, and to identify areas of the greatest unmet need.

The 0-10 scale on the thermometer represents the extent to which the organization or group feels survivors’ needs are being met in each area, with 0 being “not at all” and 10 being “completely”. By comparing the thermometer produced before and after the self-assessment, participants will be able to reflect upon how their understanding of how survivors’ needs are being met across the different areas has changed through the process of conducting the self-assessment.
The thermometer produced after the self-assessment has been concluded should help to guide organizations’ work, by identifying areas of the greatest unmet needs (e.g. between 0-5 on the thermometer) and for developing actions to strengthen support to survivors in those areas (e.g. by focusing on creating new referral pathways, introducing new activities to programs, building new partnerships with other organizations that have expertise that could be used to support survivors, etc.)

1.6 Thermometer exercise for organizations to carry out with survivors

This exercise can be used by organizations to complement their own analysis of how well survivors’ needs are being met in their context (which organizations can carry out using the guidance above).

The purpose of carrying out the thermometer exercise with survivors is to enable organizations to compare their understanding of how well survivors’ needs are being met in their context with survivors’ own assessment of this. This can help organizations to ensure that their understanding of survivors’ priorities and needs reflect the views that survivors themselves have expressed, so that they can tailor their programs and activities accordingly.

Organizations should carry out the exercise with survivors after they have completed the self-assessment and produced their second thermometer, based on the results of the self-assessment. Organizations should then carry out the exercise with survivors to produce a thermometer reflecting their perspectives, and compare this thermometer with their own.

Ideally, an organization’s own thermometer would closely match the survivors’ thermometer, as this demonstrates that the organization has a good understanding of how survivors’ needs are being met within their context. However, if the two thermometers look very different, it will be necessary for the organization to explore in more detail why their understanding of how survivors’ needs are being met does not match up with survivors’ own perspectives, and to take steps to mitigate this (e.g. by building a feedback loop into their services to receive feedback from survivors, by providing more information about other support services available, etc.)

It is important to note that organizations should only carry out this exercise with survivors if it is appropriate to do so—e.g. if they already have developed structures for consulting and co-designing programs with survivors. For organizations that do not have such structures in place, it may not be appropriate to carry out this exercise, particularly if this would involve seeking out survivors to participate in the exercise, as this may place a further burden on them.
2. Ethics and best practices for working with survivors—example resources

2.1. Example risk assessment:

Creating a risk assessment for organizations working with survivors of conflict-related sexual violence is a crucial step in ensuring the safety and wellbeing of both survivors and staff. Please note that this is a general template and should be customized to fit the specific needs and context of your organization. Organizations operating in fragile contexts should regularly review and update their risk assessments as the situation can change rapidly.

| Organization: [Name of the Organization] |
| Date: [Date of Risk Assessment] |
| Risk Assessment Team: |
| [Name of Team Member 1] |
| [Name of Team Member 2] |
| [Name of Team Member 3] |

I. CONTEXTUAL ANALYSIS:

A. Location and Context:

Describe the geographical area where the organization operates, highlighting any contextual factors that might impact the safety and well-being of survivors and staff.

B. Key Stakeholders:

Identify key stakeholders, including local authorities, law enforcement, healthcare providers, and partner organizations, and assess their attitudes, capacity, and willingness to support the organization’s work.

II. RISK IDENTIFICATION:

A. Risk Categories:

- **Security and Safety:** Evaluate security risks to staff and survivors, including physical safety, harassment, and potential threats.
- **Confidentiality and Privacy:** Assess the risk of breaches in confidentiality and the protection of survivors’ identities and information.
- **Psychosocial Risks:** Consider the emotional and psychological impact on both staff and survivors due to the sensitive nature of the work.
- **Operational Risks:** Examine potential risks to organizational operations, such as funding challenges, resource limitations, and logistical issues.
- **Cultural and Social Risks:** Analyze how cultural and social norms may impact the work and the safety of survivors.

B. Specific Risks:

For each risk category, identify specific risks and vulnerabilities based on the context and the organization’s activities.

III. RISK ASSESSMENT AND MITIGATION:

A. Security and Safety:

- **Risk:** Potential physical harm to staff and survivors.

  **Mitigation:**

  - Implement strict security protocols, including staff training and awareness.
  - Identify secure and confidential spaces for use when discussing confidential information with survivors.
B. Confidentiality and Privacy:

**Risk:** Breach of survivor confidentiality.

**Mitigation:**
- Implement strict data protection measures and encryption.
- Provide training for staff on the importance of maintaining confidentiality.
- Include measures such as password-protecting any documents with participant details.
- Provide regular digital safety seminars and ‘tune ups’—practical guidance and sessions to check devices.

C. Psychosocial Risks:

**Risk:** Emotional and psychological stress on staff and survivors.

**Mitigation:**
- Develop referral pathways with organizations that can provide support services for staff and survivors.
- Create safe spaces for survivors to share their experiences.
- Provide training on secondary trauma so that staff and survivors know the warning signs and how to mitigate.

D. Operational Risks:

**Risk:** Disruptions in funding or resource limitations.

**Mitigation:**
- Diversify funding sources and maintain a contingency fund.
- Develop a strong organizational structure and risk management plan.

E. Cultural and Social Risks:

**Risk:** Cultural resistance to addressing sexual violence.

**Mitigation:**
- Develop culturally sensitive outreach materials and programs.
- Engage with local community leaders and conduct awareness campaigns.

IV. **RISK MONITORING AND REVIEW:**

- Define a regular review process to assess the effectiveness of risk mitigation measures and make necessary adjustments.

V. **EMERGENCY RESPONSE PLAN:**

- Develop a detailed plan for responding to critical incidents, ensuring the safety and wellbeing of survivors and staff.

VI. **REPORTING AND COMMUNICATION:**

- Establish clear reporting channels for staff to report risks and incidents and ensure open and transparent communication with stakeholders.

VII. **STAFF TRAINING:**

- Provide comprehensive training for staff on risk management, safety, and ethical considerations.

VIII. **BUDGET AND RESOURCES:**

- Allocate resources and budget for risk mitigation measures and emergency response.

IX. **APPROVAL AND IMPLEMENTATION:**

- This risk assessment should be approved by senior management and implemented throughout the organization.
### 2.1.2. Example Informed Consent Checklist, provided by Synergy for Justice and Lawyers and Doctors for Human Rights (LDHR):

<table>
<thead>
<tr>
<th>Step</th>
<th>Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-introduction:</strong> who you are, what is LDHR and what is its purpose and the nature of its work</td>
<td>I am Doctor _____, a physician who graduated from the university of ____ in the year ___. I began with my specialization of ___ at the start of the year ___. I work with Lawyers and Doctors for Human Rights (LDHR), which is a network of Syrian doctors and lawyers that is dedicated to expert medical documentation of human rights violations, in accordance with the Istanbul Protocol. The Istanbul Protocol is a global protocol that is used as a guide to investigate and document torture and other forms of cruel, inhuman, or degrading punishment or treatment. As a physician, I have more than ___ years of work experience and I was specifically trained on conducting medical assessments related to human rights violations. I have conducted ___ of medico-legal assessments as a member of LDHR. LDHR aims to produce medical reports that meet international standards and that are acceptable to any potential criminal court in the future.</td>
</tr>
<tr>
<td><strong>Assessment process</strong></td>
<td>Allow me to explain to you a little bit about how we undertake a medical assessment. After completing these preliminary discussions, and if you would like to continue, we will start the evaluation which includes some personal information about you. Then we will get the narrative of your medical history in the period prior to detention. Next, we’ll discuss in detail what happened with you during detention. I might ask you some clarifying questions to make sure I understand what happened. I know it might be difficult to talk about, but I might have to ask you about details that are difficult for you to discuss with someone. However, this is important and necessary. To complete my medical assessment, I need to understand some of these details. In the future, if you want your testimony to be used in prosecutions against the perpetrators to hold them accountable for what happened, it will be necessary also to assist the court. I will not ask you about anything that I do not need to know.</td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>This documentation is confidential. Accordingly, it is not filmed, nor published or shared with any entity unless you give consent for this. This confidentiality is mutual and so preserved by both the documenter and the patient. Additionally, at LDHR, we have taken a number of strict measures to maintain security and confidentiality. Therefore, we use safe encrypted means to record and preserve your information. Further, the case of any patient is referred to by a symbol and not by a person’s name. The original report is transferred and stored safely in a third country outside the region, at a partner organization we deal with. This confidentiality contributes to mitigating the risks that we’ll talk about now.</td>
</tr>
</tbody>
</table>

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**After the interview, we will have to do a physical examination for you. [We will do this in a safe place that maintains privacy. I can bring a male or female colleague with me to do the examination if that makes you feel more comfortable.] I will also need to take photographs of the injuries if you don’t mind. I can take these pictures in such a way that no marks would appear that would indicate who you are and preserve your anonymity. These photos in the report preserve the evidence that injuries were inflicted. And this is why the photos are included. Then, during the evaluation and afterwards, a psychological assessment will be conducted for you and details will be taken on the mental condition that you went through during detention, after release and currently.**

As for the final section, it will be the conclusion of the assessment. I can answer any questions you might have, and point out available support services that may be beneficial to you. I can give you this information regardless of whether you decide to follow through with the assessment or not. During the process, you can take breaks whenever you want. We’ll move at a pace that you are comfortable with. During this, you can ask me whatever you’d like, and I’ll explain things as well. Then I’ll write the report based on the notes I write today. The report will end with the conclusions such that all the information and narrative that you provide are connected to the physical and psychological examination results.
As I explained, everything you say today will be treated with confidentiality and any information will be secured in a safe place to the best of our abilities. If you consent to undergoing forensic medical evaluation, you are consenting to share your report with LDHR. The information included in the report could be used internally, with other LDHR staff members, on a need to know basis (ex. to refer you to services, for quality assurance, or for data analysis). If you decline to provide consent to share the report with LDHR, the documentation process must stop because it is not possible as I am a member of LDHR’s network.

Our partner organization currently stores the original reports in a third country. If you undergo forensic medical evaluation and have your report completed, you would also be consenting to sharing a sealed report with our partner organization, Synergy for Justice. Synergy for Justice will not have access to your information. The purpose of transferring a sealed report to Synergy is only to preserve it in a safe place.

I do this work to support criminal prosecutions in the future, but it is your choice how you wish the report to be used. So here are some of the options.

1. Human Rights Reports and training: If you agree, LDHR could use your information in human rights reports which will be published (name and identifying details would be concealed) to inform and put pressure on the international community to take action. We also ask your permission to use your case or parts of it, in de-identified form, for quality improvements and training within our organization.

2. United Nations Independent Commission of Inquiry (UNCOI): This is a UN investigatory body which produces regular reports for the UN Human Rights Council and Security Council. It does not prosecute cases but for other countries, the work of similar commissions has formed the basis for prosecutions once there is a criminal court in place to adjudicate international crimes. We could share the report with them to ensure a full record and awareness of what is happening in Syria, and it could also form a basis for later accountability. If you agree, the UNCOI could include some of the information you provide in its public reports.

3. The IIIM (The International, Impartial and Independent Mechanism to assist in the investigation and prosecution of persons responsible for the most serious crimes under international law committed in the Syrian Arab Republic since March 2011): Mandated by the UN General Assembly, the IIIM collects and preserves evidence of serious violations committed in Syria and, upon getting your consent, can share this information with investigation or prosecution authorities, whether national, regional or international.

4. International or Syrian NGOs or civil society organizations building cases for accountability: In order to maximize the chances of justice, and in the absence of current effective forms of international criminal justice, Syrian and international organizations are trying to build cases against Syrian perpetrators in different countries (like in Germany, for example). If the information you provide is relevant to prosecution cases they are building, they could request us to share it with them, if you agree.

5. International Criminal Justice Mechanisms: There are no international courts which have the mandate to hear Syrian cases yet. At some point, one of these courts (e.g. the International Criminal Court) may be asked to prosecute these cases or a new international court may be created to deal with Syrian cases. If you wish your case to be used to support a prosecution at this type of court, we could share your case with them.

6. Post transition national or hybrid criminal justice mechanisms: It is also possible that criminal justice and accountability will be delivered in a Syrian court after the conflict is over. This has happened in Bosnia for example.

7. Post-Transition National Human Rights Claim Mechanism: It is also possible that Syrian human rights claim mechanism will be created in the future, where you would be able to claim compensation for the human rights violations you suffered.

8. UN Human Rights Mechanisms, including Special Procedures and Regional Court: De-identified information could be used by LDHR in submissions to UN bodies or UN Special Rapporteurs.

9. For all of these options, you can choose whether to provide de-identified information about your case or report so that it cannot be traced back to you or identify who you are. But for some of these options, full identification is necessary for the report to be effective - for example, for criminal proceedings, they need to know who the victim is and may wish to contact you about your evidence.
2.2. Ethics and best practices for working with survivors—external resources

2.2.1. USAID Collective action to reduce gender-based violence (CARE-GBV), How to implement a survivor-centered approach in Gender-Based Violence (GBV) programming: https://makingcents.com/wp-content/uploads/2021/01/CARE-GBV-03-Survivor-centered-v9-508c.pdf

2.2.2. United Nations Population Fund (UNFPA), Guidance note on understanding efforts to prevent and address gender-based crimes in Myanmar: Analysis, research, and programming.


2.3. Holistic support services—example resources

2.3.1. Flowchart for building and maintaining referral pathways

1. Map available services, e.g., local providers delivering healthcare, mental health and psychosocial support, housing, legal and immigration, protection and justice services;

2. Assess quality of services, to determine if they meet minimum requirements;

3. Compile the following details of services that meet the minimum requirements, taking into account a survivor’s sexual orientation, gender identity or expression, and sex characteristics (SOGIESC) and any accessibility needs they have so that survivors can be referred to the appropriate services:
   a. Eligibility, including language capacities.
   b. Location intake.
   c. Contact points and focal persons.
   d. Operational hours, and after-hours care.
   e. Cost.
   f. Intake forms and procedures.
   g. Confidentiality arrangements.
   h. Safety measures.

4. Create the referral list, and cluster organizations according to the services they provide;

5. Distribute the list to all staff, with information on when the list will next be updated and how they can provide feedback on the services or suggest new services;

6. Print accessible versions of the list for all staff, keep a poster in the office;

7. Brief staff on information-sharing systems protocol for referrals to external services, including confidentiality and informed consent. Ensure internal coordination so that survivors are not asked to repeat their stories to access services;

8. Communicate with survivors about gaps in referral pathways, and how to address these. Information should be communicated in local languages, and should take into account differing literacy levels. There should be a feedback loop with survivors so they can provide feedback on the services;

9. Monitor services regularly.
2.3.2. Understanding mental health and psychosocial support services:

The term ‘mental health and psychosocial support’ is used to describe the interaction between the psychological aspects of human beings and their environment or social surroundings. Psychological aspects are related to our functioning, such as our thoughts, emotions, and behavior. Social surroundings concern a person’s relationships, family and community networks, cultural traditions, and economic status, including life tasks such as school or work.

The term ‘psychosocial’ is used in place of ‘psychological’ to recognize that a person’s mental well-being is not solely determined by their psychological makeup, but also involves social factors. The ‘social’ and ‘psychological’ factors also are interdependent and contribute towards holistic psychosocial wellbeing. They underpin how a person develops a sense of self, understands their identities, and perceives themselves in relation to other people and their variouscommunities. Urie Bronfenbrenner’s Socioecological Theory provides an in-depth conceptualisation of the intersections between people and their environments. Within the macrosystem, there is an explication of how sociocultural, economic and political aspects and shifts impact on the developing person across time. This becomes significant in violent contexts where there are disruptions in the stability of the various systems, which further impacts on a person’s psychological wellbeing, and ultimately which avenues they can embark on for purposes of healing from violence-related trauma and other mental health difficulties.

Mental health and psychosocial support services recognize that an individual’s mental health is deeply intertwined with both psychological and social factors, and these elements are interconnected in multiple ways:

- **Psychological Impact of Social Factors:** Social experiences, such as interpersonal violence, discrimination, or isolation, can lead to psychological distress and mental health issues. For example, someone experiencing social stigma due to a traumatic experience may develop anxiety or depression.

- **Social Support as a Protective Factor:** Social support plays a crucial role in mitigating the psychological impact of stress and trauma. Supportive relationships and community connections can provide a buffer against the negative effects of psychological distress.

- **Collaborative Healing:** Effective mental health and psychosocial support services often involve collaboration between psychological and
social support providers. For instance, a survivor of trauma may benefit from both individual therapy (psychological support) and participation in support groups or community activities (social support).

- **Holistic Wellbeing:** By addressing both psychological and social aspects, mental health and psychosocial support recognizes that promoting mental health and well-being requires a holistic approach. It acknowledges that individuals exist within social contexts and that their psychological health is closely connected to their social environment, and how they are able to navigate the resources in their various communities and systems.

Overall, mental health and psychosocial support services acknowledge that individuals’ mental health is not solely a product of their psychological wellbeing but is also deeply influenced by their social interactions, relationships, and the broader social context. Effective mental health and psychosocial support services consider these interrelated dimensions to provide comprehensive and person-centered care that addresses the multifaceted nature of mental health. Effective services for survivors of conflict-related sexual violence are trauma-informed and integrate the broad impact of trauma on not only the mental health of the survivor, but also on how a survivor is able to engage with the mental health and psychosocial support services required to recover from the traumatic experiences.

2.3.3. Making referrals to mental health and psychosocial support services:

Requirements for mental health and psychosocial support services will differ between country contexts. When referring a survivor to mental health and psychosocial support services, organizations on the referral list should be able to disclose the types of services provided and the key personnel who provide those services. It is imperative that organizations and personnel working directly with survivors of conflict-related sexual violence have a comprehensive referral list of organizations who provide mental health and psychosocial support services.

The pyramid below provides an illustration of the nature of work that is encompassed under the broad scope of mental health and psychosocial support services. It depicts the types of interventions that are conducted and the directions of referral between sections of care. Some organizations may provide a specific scope of services based on the specializations of the personnel who do the work.

In many well-resourced contexts, some organizations are able to provide the variety of services across the pyramid, and some organizations may focus on specific aspects of mental health and psychosocial support services. Service provision is often optimized when organizations foster referral pathways that enable survivors to seamlessly access healing processes or interventions that are directly linked to their needs.
The pyramid is tiered to describe the nature of interventions based on their reach, and the mental health and psychosocial support needs required in a particular context. As an example, some service interventions are centered on psychoeducation, which may involve working with groups of people who have been exposed to violence. These are key interventions in contexts where there has been ongoing, organized violence which often becomes ingrained in the sociopolitical fabric of the community or country context. Practitioners who conduct psychoeducation sessions are equipped to disseminate contextually relevant mental health and psychosocial support services-related information for awareness and educational purposes. Practitioners facilitating psychoeducational sessions are often capacitated to identify when a person in attendance is experiencing distress due to the nature of the topics of discussion and to provide emotional containment to manage the distress during a session. In the event that the facilitating practitioner is not capacitated to provide counseling services, the practitioner would refer the survivor (with their informed consent) to an organization or practitioner who can provide the relevant counseling or therapeutic services. This referral process is critical where interventions and events are trauma-focused to ensure that people who attend awareness raising events, dialogues, or other mental health and psychosocial support service interventions can access the relevant services where necessary and mitigate re-traumatisation and harm.

Organizations providing outreach or psychoeducational services must be able to demonstrate what their referral processes look like in the event that they identify that levels of distress experienced by survivors are outside of their scope of mental health and psychosocial support service interventions. These organizations often provide services with a focus on the wellbeing of communities that have been impacted by violence.

Furthermore, although an organization may be able to demonstrate that they have a team of psychologists and social workers and are qualified and experienced in working with violence-related trauma, they should have also have a history of working with survivors of conflict-related sexual violence, and be able to demonstrate this, as well as their capacity and resources to uptake long-term client work. Through relationships fostered in the referral processes, such organizations would be adequately positioned to provide supervision, capacity-building, or debriefing support to practitioners who work in communities with large populations of survivors of violence.

The mental health and psychosocial support services pyramid is not necessarily hierarchical, but representative of multiple points of entry into mental health, psychosocial, and/or mental health and psychosocial services. Organizations that provide psychosocial support may not necessarily have the qualified personnel to provide mental healthcare services. Similarly, organizations that provide psychiatric services may not have the required qualified and experienced personnel to provide in-depth psychotherapeutic services outside of (for example) the biomedical model which typically includes medical (pharmaceutical) interventions and the management thereof in relation to a mental illness.

2.4. Holistic support services—external resources


3.1 Truth-telling and documentation—External resources


3.1.9 Synergy for Justice, technical guidance on Forensic Medical Evaluations of Torture and Sexual Violence https://synergyforjustice.org/technical-guidance (Available in English and Arabic)


4.1 Justice and accountability—external resources

4.1.1 Philip Schulz and Kathrin Kreft, Accountability for Conflict-Related Sexual Violence, https://doi.org/10.1093/acrefore/9780190846626.013.702 (Available in English)

5. Reparations—example resources

5.1. Who qualifies as a “victim” in the context of reparation?

In the context of reparation, the concept of victims refers to persons who individually or collectively suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that constitute gross violations of international human rights law, or serious violations of international humanitarian law. Where appropriate, and in accordance with domestic law, the term “victim” also includes the immediate family or dependents of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimization. A person shall be considered a victim regardless of whether the perpetrator of the violation is identified, apprehended, prosecuted, or convicted and regardless of the familial relationship between the perpetrator and the victim. Children born of war are victims.

5.1.2. How can victims access reparations?

To access reparation, victims must be provided with effective remedies that could be judicial and/or administrative in nature. If victims try to access reparation through Courts, they are usually required to provide evidence of the violations as well as of the harms, although important changes have taken place to reduce the burden put on victims, especially survivors of conflict-related sexual violence.

When mass atrocities are at stake, courts are not able to provide an effective remedy to victims in a prompt manner as often justice processes take many years. This is why administrative remedies through domestic reparation programs are essential to provide adequate, prompt and effective reparation to victims including survivors of conflict-related sexual violence. As the UN Special Rapporteur on the Promotion of Truth, Justice, Reparation, and Guarantees of Non-recurrence, has indicated, domestic administrative reparation programs may offer a broad range of reparations to a large number of victims, often using lower evidentiary requirements compared to court orders, which are restricted to the charges or claimants before them and frequently involve higher evidentiary thresholds.

5.1.3. What forms do reparations take?

Reparation can be granted to individual victims, or they may extend to benefit an entire group or category of affected individuals. In cases of mass atrocities with widespread consequences, both individual and collective reparations are often considered necessary and appropriate. According to the UN Basic Principles and Guidelines on Reparations, reparations can manifest in the following forms, whether they are intended for individuals or groups:

1. **Restitution**, which seeks to reinstate a person’s rights as closely as possible. This can involve actions like restoring their liberty, citizenship, employment, educational opportunities, or lost or stolen property.

2. **Compensation**, which involves a monetary award, typically provided as a lump sum, regular payments, or tax relief. It is given in cases of loss of family members, functions, or property, or when economic relief is deemed appropriate and proportionate in light of the harm suffered.

3. **Rehabilitation**, which ensures access to medical services, including healthcare and psychological, psychiatric, and social support, for individuals experiencing grief and trauma. It also...
encompasses relevant legal and social services to empower beneficiaries to lead more fulfilling lives.

4. **Satisfaction**, which includes measures aimed at publicly acknowledging and raising awareness in society about the harm that has been inflicted. This can involve actions such as apologies from those responsible, the recovery of the remains of those who were killed or disappeared, incorporating an accurate account of past violence into educational curricula, and uncovering and commemorating the truth about the past.

5. **Measures of non-recurrence**, which encompass initiatives designed to safeguard against the repetition of past atrocities. This may involve reforming institutions, establishing local conflict resolution mechanisms, reinforcing judicial independence, and promoting human rights standards across various sectors.

5.1.4. How can survivors shape the design of reparation programs?

Survivor networks and civil society organizations can play a crucial role in shaping reparation programs to ensure their meaningful and beneficial impact on those they aim to redress. Issues that arise after the design phase can be challenging to rectify, potentially leading to the exclusion of eligible survivors or a failure to provide the intended reparative benefits. It is therefore highly preferable for survivors to be actively engaged from the program's design phase.

Survivor groups can advocate for several key elements, including:

1. **A process of permanent consultation**: They can push for a process of permanent consultation, where victims and affected communities are able to provide input on the specific measures to be incorporated into the program through the different phases of reparation, ensuring it aligns with their unique desires and needs.

2. **Flexible eligibility criteria**: Victim groups may advocate for more flexible evidentiary standards for eligibility, recognizing the difficulties victims encounter in obtaining and submitting evidence to support their claims. This flexibility can prevent deserving victims from being excluded due to bureaucratic barriers.

3. **Prioritizing vulnerable victims**: Advocating for a prioritization process that addresses the urgent needs of the most vulnerable victims helps ensure that those facing the most severe circumstances receive timely support.

4. **Inclusive application process**: They can work to establish an application process that guarantees access for displaced and refugee victims, eliminating obstacles that might deter these individuals from seeking reparations.

5. **Monitoring and evaluation**: They can encourage the implementation of a rigorous and transparent monitoring and evaluation process once the reparations program is underway. This allows for continuous assessment of the program's effectiveness and the ability to make necessary improvements.

Survivor networks and civil society organizations can offer unique insights and perspectives into the experiences and needs of particularly vulnerable victims. They can provide valuable information about the locations and circumstances of displaced victim groups, enabling program designers to consider these specific challenges. Survivor networks and civil society organizations, often more acquainted with local experiences than national authorities, ensure that the program design incorporates these regional distinctions and addresses the challenges affecting specific localities or subgroups of survivors right from the program's inception.

5.2. **External resources**

5.2.1 Impunity Watch, Guidelines on Transformative Reparations: [https://www.impunitywatch.org/guidelines-transformative-reparatio/](https://www.impunitywatch.org/guidelines-transformative-reparatio/) (Available in English and Spanish)


6. Reform and prevention—external resources


7. Memory and education—external resources


7.1.2 International Coalition of Sites of Conscience, Memory to Action Toolkit https://www.sitesofconscience.org/member_resources/from-memory-to-action-a-toolkit-for-memorialization/ (Available in English, French and Sinhala)


8. Community and solidarity—external resources

