Physicians for Human Rights

Child-Centered Documentation Toolkit:

Resources to Support Child Survivors of Conflict-Related Sexual Violence on their Pathways to Justice

December 2024

Acknowledgments

This toolkit was developed by Physicians for Human Rights (PHR) staff who are experts in conflict-related sexual violence, public health, capacity development, and research methodologies, including Olivia Dupont, MPH, program officer; Lindsey Green, MA, deputy director of research; Suzanne Kidenda, BA, acting head of office – Kenya; Georges Kuzma, expert consultant on Sexual Violence in Conflict Zones; Thomas McHale, SM, director of public health; Jacob Milnor, PHR consultant; Ranit Mishori, MD, PHR advisory council member; Joyeux Mushekuru, JD, DRC Manager; Karen Naimer, JD, LLM, MA, director of programs; Elizeba Owange, BA, Program and Operations Coordinator; Payal Shah, director of research, legal and advocacy; and Michel Nzola, DRC Programs and Operations Associate.

PHR staff who contributed to the review of the toolkit are Michele Heisler, MD, MPA, medical director; Thomas McHale, SM, director of public health; Karen Naimer, JD, LLM, MA, director of programs; Payal Shah, JD, director of research, legal and advocacy; and Saman Zia-Zarifi, JD, LLM, executive director. The report was edited and prepared for publication by Wacera Wathigo, MA, communications and publications manager.

External review was provided on specific sections by Emily Muthoni Kiragu, a Senior Nurse, Naivasha County Referral Hospital and part of PHR's global network of medical, legal, and scientific experts, Jessica Lee, and Jocelyn Getgen Kestenbaum, Faculty Director, Cardozo Law Institute in Holocaust and Human Rights.

The team would like to recognize all those who contributed to the toolkit which will be a useful guidance tool for health practitioners.

Cover:Jean Bosco, a psychologist, talks to a young boy in a child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.

Credit: Physicians for Human Rights

About Physicians for Human Rights

Physicians for Human Rights (PHR) uses medicine and science to document and call attention to human rights violations. PHR was founded on the idea that physicians and other health professionals possess unique skills that lend significant credibility to the investigation and documentation of human rights abuses.n response to the scourge of sexual violence, PHR has worked for more than a decade to fight impunity for sexual violence in the Central African Republic, the Democratic Republic of the Congo, Ethiopia, Iraq, Kenya, Myanmar and Ukraine. The Program has worked in DRC to strengthen the capacity of doctors, psychologists, nurses, police, lawyers, and judges to document forensic medical evidence of sexual violence, preserve it in a court-admissible form, and use it to prosecute perpetrators. To date, PHR and our partners have trained hundreds of Congolese medical, legal, law enforcement, and justice professionals in the use of good practices concerning the collection, storage, and transmission of this critical evidence. PHR has conducted rigorous research and documentation to understand the scale and scope of conflict-related sexual violence in a variety of contexts including in Ethiopia, Ukraine, Kenya, Myanmar, and Sierra Leone.

Table of Contents

Physicians for Human Rights

Introduction

Background, Goals and Sections

Conflict-related sexual violence is an enduring problem globally. The burden of this violence often affects the most vulnerable within society, including women and girls, racial or other minorities, refugees and internally displaced persons, and in particular, children. According to the UN Secretary-General's 2024 report on children and armed conflict, almost 30,705 grave violations were committed against children in armed conflict, with sexual violence affecting 1,470 children, globally from January to December 2023.[1] That report indicated that sexual violence against children in conflict affected areas increased by at least 25 percent compared to the previous year, despite cases of sexual violence being vastly underreported due to "stigmatization, the fear of reprisals, harmful social norms, the absence of, or lack of access to, services, impunity and safety concerns," indicating that the true number of children affected by conflict-related sexual violence is likely much larger.[2]

Survivors often face stigmas and prejudices when reporting sexual violence, and these problems can be exacerbated when working with child survivors who depend on parents, guardians, or other responsible adults to advocate on their behalf. Resources and capacity development for professionals on survivor-centered documentation and judicial processes is limited in conflict, post-conflict, and low resource settings, which can result in evidence not being properly collected or being collected in a way that leads to the retraumatization of survivors. There is also a lack of knowledge standardized approaches and practices for documenting sexual violence in children and, where evidence-based good practices do exist, they are often not shared in a way that can inform wider national, regional or international practices and policies. This toolkit seeks to address these gaps.

Physicians for Human Rights (PHR) developed the **Child-Centered Documentation Toolkit** to provide practical tools for professionals seeking to reduce the barriers child survivors face when seeking accountability and justice. The toolkit also seeks to improve the documentation and justice pathway for survivors by emphasizing trauma-informed and rights-based approaches, as well as supporting child autonomy and well-being. The principal goal of this toolkit is to create *stronger* pathways for trauma-informed and survivor-centered documentation and justice processes for child and adolescent survivors. This toolkit seeks to provide practical resources for professionals to use along the documentation and justice pathway to improve trauma-informed and survivor-centered approaches.

PHR developed this toolkit in consultation with experts, partners, and a global community of practice through roundtable discussion and systematic review of resources available for the documentation of sexual violence against children in national, regional, and international contexts in addition to experienced gained during implementation of programmatic and capacity development activities.

This toolkit has been divided into five separate sections with specific objectives to help actors involved in sexual violence response ensure trauma-informed documentation and survivor-centered approaches are applied at various stages of the justice process for child and adolescent survivors. These five sections are:

Section One: Foundations

- Section one reviews the key concepts that inform the toolkit as well as the overall background and context that informs the creation of the tools and resources within the toolkit. In addition, this section focuses on the foundational concepts of consent, assent, and dissent as they relate to children and adolescents, with emphasis on their evolving capacity across all steps of the justice pathway, with specific consideration for conflict-settings. Consent, assent, and dissent are essential components of survivor autonomy, including that of children, and should be prioritized at all times.

Section Two: Capacity Development

- Section two introduces two PHR curricula that can be used to strengthen the capacities of professionals working with child survivors: the multisectoral curriculum and the pediatric curriculum, each of which provide practical guidance for professionals to apply the foundational concepts outlined in module one. These include capacity development on implementing trauma-informed and survivor-centered approaches along the documentation and justice pathway for child and adolescent survivors. The module reviews each curriculum briefly and provides further information for those who wish to access and implement the specific curriculums.

Section Three: Practical Approaches

- Section three includes examples of practical approached, and tools to strengthen trauma-informed documentation for child survivors, especially when collecting physical evidence and/or documenting children's testimony/experiences. Child-centered approaches are emphasized in this module. This includes key considerations for implementing child-centered spaces and their role in ensuring a trauma-informed and survivor-centered approaches along the documentation and justice pathway. It includes introductions to important concepts, such as "play therapy" which can be helpful in facilitating documentation and supporting child testimony. Additional practical approaches are also referenced here.

Section Four: Case Studies

- Section four applies the concepts, approaches and tools described in sections one through three to real world examples through the presentation of case studies. This is intended to reinforce how this toolkit and these good practices can be applied in practice. Through these case studies, you will be able to make direct connections to their specific context, further assisting you in learning about these approaches and understanding how to apply these approaches to your own work to promote trauma-informed documentation for child-survivors.

Section Five: Additional Resources

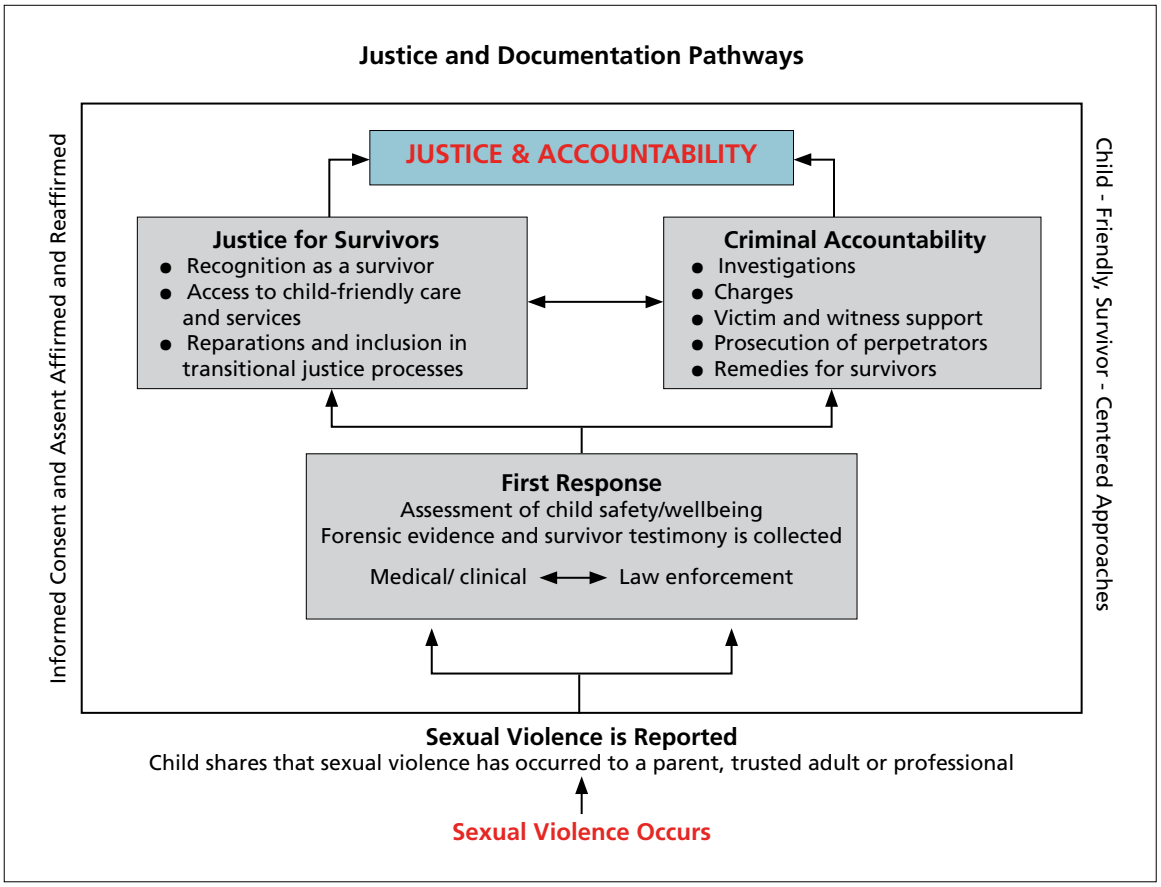
- Section five includes links to additional materials and resources such as international protocols, guidance documents, and other appendices referenced throughout the toolkit.

Intended Audience

This toolkit is intended as a guide and resource for all actors along the documentation and justice pathway. This includes those from clinical, judicial and advocacy settings, including social services and civil society. This includes first responders such as health care providers, police, and law enforcement; as well as actors within legal systems, such as lawyers, magistrates, prosecutors; and other survivor advocates, such as social workers. Specific roles may vary by region or context, but all those who work along the justice pathway involved with documentation of sexual violence with children may find reviewing this toolkit, or elements of it, useful in their work.

How This Toolkit Works

Justice and Documentation Pathways



The underlying conceptual framework for this toolkit is the documentation and justice pathways, which may include accountability, remedies, redress, acknowledgement or transitional justice, among others. The modules were developed based on these pathways, however, they do not necessarily correspond to specific points. They have different applications along a documentation and justice pathway and may be used multiple times throughout the process. For example, the foundational concepts of consent, assent, and dissent discussed in Module One *must* be assessed and reassessed throughout every step of a documentation and justice pathway.

Documentation and justice pathways are the "track" or "path" that sexual violence documentation, be it physical or testimonial evidence, "travels" from crime to different accountability processes, be it a criminal prosecution, reparations, or other justice and accountability process. The pathways cross law enforcement, clinical, and judicial spaces – though it is not necessarily strictly linear. Accountability and justice processes may require back and forth along the different steps of a pathway, especially after the first response stages. Different contexts and jurisdictions may also have variations of these pathways. As such, the pathways represented here are a generalized framework that can be adapted to specific and different local contexts. It also is important to understand that these pathways do not *exclusively* seek strictly legal accountability in the form of criminal prosecutions, but rather, broader justice and remedy for sexual violence. This accountability may take the form of survivors having better access to care and services or simply being recognized as survivors. Because of this, it is important to think of the pathway in a wider context of justice, not necessarily bound by national or local judicial processes.

Survivor-centered and trauma-informed approaches are essential to ensure that survivor well-being, safety, and autonomy are respected and preserved at all times, particularly by seeking ways to protect survivors from retraumatization and mitigate social stigmas that survivors of sexual violence may face. These considerations are important for child survivors, who are even more vulnerable to retraumatization because of their age and developmental stage.[3] Survivor-centered and trauma-informed approaches must be incorporated along the pathway at all stages, including assessment of survivor consent, assent, and dissent.

Implementation of the Toolkit

PHR recommends that practitioners review the entirety of the toolkit, however, the toolkit does not necessarily need to be completed chronologically. You are welcome to mix and match separate sections and pull from the toolkit what you need to address your specific situations or contexts. This introduction provides context for the entirety of the toolkit and any additional resources or appendices referenced in sections one to four will be found in section five.

Each section will include a list of brief objectives that link the content of the module with the overall goal of the toolkit.

Citations

1 Special Representative of the Secretary-General on Children and Armed Conflict, "Children and Armed Conflict: Report of the Secretary-General."

2 Ibid.

3 Mazurana and Carlson, "The Girl Child and Armed Conflict: Recognizing and Addressing Grave Violations of Girls' Human Rights"; Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Keynote Statement at the Global Summit on Sexual Violence, London."

References

Mazurana, Dyan, and Khristopher Carlson. "The Girl Child and Armed Conflict: Recognizing and Addressing Grave Violations of Girls' Human Rights," n.d.

Office of the Special Representative of the Secretary-General for Children and Armed Conflict. "Keynote Statement at the Global Summit on Sexual Violence, London," June 10, 2014. https://childrenandarmedconflict.un.org/2014/06/10-june-keynote-statement-at-the-global-summit-on-sexual-violence-london/undefined.

Special Representative of the Secretary General on Children and Armed Conflict. "Children and Armed Conflict: Report of the Secretary-General." Agenda item 67: Promotion and protection of the rights of children. Security Council: United Nations General Assembly: 78th Session, June 3, 2024.

Physicians for Human Rights

Section One: Foundations

Introduction

Section one reviews key foundational principles and concepts related to trauma-informed documentation and justice pathways for child survivors of sexual violence. This section addresses key topics such as consent, assent, dissent, and the evolving capacity of children. These concepts are crucial for ensuring survivor autonomy and must be reiterated across all stages of the documentation and justice pathway. The section also defines the key terms and concepts that are essential for trauma-informed and survivor-centered approaches to working with child survivors of sexual violence.

Section one provides partners with the foundational knowledge that will inform specific, practical approaches for obtaining quality evidence of sexual violence committed against children while respecting children's rights and voice, while focusing on addressing global gaps in justice and accountability for child survivors. As such, this section is a "jumping off" point for the other sections of the Child-Centered Documentation Toolkit. This section is particularly useful for actors who may not have worked with child survivors before or are less familiar with implementing processes aligned with trauma-informed and survivor-centered principles.

Section one has three objectives which contextualize these concepts within justice processes for child survivors of sexual violence.

- **Objective One:** *Define key concepts essential to implementing trauma-informed and survivor-centered documentation and justice process for child survivors.*
- **Objective Two:** *Introduce foundational principles for assessing children's consent, assent, and dissent with consideration to their evolving capacity.*
- **Objective Three:** *Provide an overview of key considerations for how documentation and justice processes can be adapted to support child survivors.*

Section one includes the following tools:

I. **Overview of the Toolkit**

II. **Foundational Principles for Applying the Concepts of Consent, Assent, Dissent and Evolving Individual Capacity to Ensure Trauma-informed Documentation, Justice, and Reparations Processes for Child Survivors of Sexual Violence**

III. **Evidence-Based Standards, Norms, and Good Practices for Trauma-Informed Engagement with Children in Justice Processes**

After Reviewing Section one

By completing this section, you will be able to define children's consent, assent, and dissent, better understand a child's evolving capacity and gain knowledge about other key concepts in the context of trauma-informed sexual violence response and survivor-centered evidence documentation.

You will also be able to connect the key concepts outlined to practical approaches and parameters for working with child survivors discussed in the other sections of the Child-Centered Documentation Toolkit; as well as make specific connections to their own work within their own contexts.

In this section:

- Definitions for key concepts found in the Child-Centered Documentation Toolkit, such as "child" and "informed consent".
- Orientation for working with child survivors and considerations for obtaining their consent, assent, and dissent.
- Practical tips for assessing children's ability to provide informed consent and assent based on evolving capacity.

Who should review this Section?

- The foundational information in this section is useful to all actors along the justice and documentation pathway, but this section is particularly important for those involved in processes that assess survivor consent, assent and dissent.

Physicians for Human Rights

Toolkit Overview

Introduction

Violence against and affecting children and adolescents in conflict settings is a global issue of serious international concern that must be urgently addressed. According to the UN Secretary-General's 2024 report on children and armed conflict, almost 30,705 grave violations were committed against children in armed conflict globally from January to December 2023.[1] The June 2024 report indicated that sexual violence against children in conflict affected areas increased by at least 25 percent compared to the previous year, despite cases of sexual violence being vastly underreported due to "stigmatization, the fear of reprisals, harmful social norms, the absence of, or lack of access to, services, impunity and safety concerns," indicating that the true number of children affected by conflict-related sexual violence is likely much larger.[2]

Many survivors of sexual and gender-based violence in conflict do not seek help of any kind.[3] Those who do often face profound barriers and risks when pursuing accountability including retraumatization from repeatedly recounting their experiences related to these crimes and being obligated to face perpetrators in court, as well as stigmatization and retaliation by family or community for coming forward.[4] Moreover, cases regularly fail due to a lack of evidence. Forensic medical evidence is rarely collected, and both health professionals and law enforcement often miss opportunities to collect complete testimonies and other evidence that can strengthen cases. Vulnerable or marginalized populations, including women and children, can be uniquely impacted by these violations while also facing heightened barriers to seeking accountability for these crimes and facing distinct challenges along the access to justice pathway.[5] Furthermore, there can be a lack of awareness that certain acts, such as forced witnessing, constitute sexual and gender-based violence.

Child and adolescent survivors of conflict-related sexual violence face many unique barriers. For example, child and adolescent survivors, or their parents, guardians or caregivers, may be reluctant or unable to seek care or pursue justice for fear of stigma or retaliation and lack of access to resources.[6] Once a survivor has reported their experience, health professionals may not thoroughly interview child survivors due to a lack of training on managing pediatric cases in ways that are developmentally appropriate, trauma-informed, and respect survivors' rights. Law enforcement professionals may also be reluctant to pursue evidence collection for similar reasons. Even when evidence is collected, other biases – such as the misperception that children often lie – can impact how evidence is received in judicial proceedings. Furthermore, the setting of investigative interviews and judicial proceedings can have a strong impact on child survivors' comfort with sharing their experience. These intersecting barriers and challenges contribute to ongoing hesitance to engage with and pursue cases with child survivors.

These persistent challenges are some of the many that have resulted in an accountability gap for crimes of conflict-related sexual violence committed against children and adolescents. In recent years, much work has been done to identify the challenges that hinder such accountability and to conceptualize trauma-informed, child-centered principles and practices that can provide a pathway to breaking this silence and enhancing pathways for justice and accountability for child survivors.

Importantly, several jurisdictions have adopted successful practices drawing on good practices from both the medical and legal sectors. These examples offer models for how to navigate these challenges and implement evidence-informed principles for engaging with children that further the goals of survivor-centered, trauma-

informed care and accountability.[7] Furthermore, there are international standards and protocols for engaging with child and adolescent survivors that have been recently developed or updated with specific attention to the needs of child survivors and centered in trauma-informed practice.[8] For example, the updated version of the Istanbul Protocol[9] and the Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence (the Murad Code)[10] include specific guidance on how to engage with child and adolescent survivors of sexual violence. Additionally, the International Criminal Court (ICC), Office of the Prosecutor's (OTP) revised policy on children[11] and policy on sexual and gender-based crimes[12], from 2023 featured increased focus on survivor-centered, trauma-informed and evidence-based approaches to interviewing and supporting child and adolescent survivors of sexual violence.

Role of this Toolkit

Against this backdrop, Physicians for Human Rights (PHR) has created this toolkit to bring together in one place a range of existing, evidence-based tools and examples of good practices to support the creation of context-specific, trauma-informed documentation and access to justice pathways for child and adolescent survivors of conflict-related sexual violence. This toolkit is unique as it provides practical tools and resources from a variety of different contexts that can be used at multiple points along the access to justice pathway. This toolkit draws on over a decade of PHR's experience in various conflict, post-conflict, and resource-limited environments and represents good practices drawn from the medical, public health, child development, pediatric, psychological, forensic, legal, judicial, investigative and human rights documentation sectors; and it reflects ideas drawn from hours of dialogue with over 50 global, multisectoral experts aimed at articulate what trauma-informed investigations and accountability processes can look like for child survivors and what practical tools would be needed to get there.

Many of the tools and resources in this toolkit have been developed and piloted by PHR and partners in a variety of implementation contexts. The purpose of sharing these tools within this toolkit is also to encourage others to engage with these evidence-based good practices and to think about how to continue to apply these approaches for new contexts. By continuing to identify how to refine these approaches to be effective in new, resource limited, conflict, and post-conflict settings, and generate solutions to persistent challenges and obstacles in applying these solutions we will arrive at innovative approaches that are evidence-informed and scalable to even further contexts.

Key Concepts that Inform this Toolkit

Rights based approach

A rights-based approach centers human rights principles in processes and practices.[13] It ensures that the dignity and rights of individuals, particularly those who are vulnerable or marginalized, are respected and upheld.[14] In the context of trauma-informed documentation and accountability processes for child survivors, this means embedding the rights of the child – such as the right to protection, participation, and justice – into every aspect of the process.[15] This approach empowers survivors, safeguards their well-being, and ensures their voices are central, while also holding perpetrators accountable and addressing systemic issues that contribute to human rights violations.[16]

Trauma-informed

A trauma-informed approach recognizes the impact of trauma on individuals, and responds by emphasizing safety, empowerment, and sensitivity throughout all interactions and processes.[17] It involves understanding the widespread effects of trauma and integrating this awareness into practices to avoid retraumatization and to support healing.[18] For child survivors, a trauma-informed approach ensures that survivors' emotional and psychological well-being is prioritized as well as ensuring that the needs and experiences of survivors are met with compassion and respect. It involves creating a safe environment, building trust, and providing appropriate support while conducting investigations and seeking justice, recognizing that trauma can significantly affect how individuals experience and engage with these processes and that presentations of trauma can vary by individual and change over time.[19]

Survivor-centered

Survivor-centered refers to an approach that prioritizes the needs, perspectives, and rights of survivors throughout all stages of an investigation and accountability process.[20] It ensures that survivors are at the heart of decision-making and that their experiences, preferences, and well-being guide the process.[21] A survivor-centered approach means creating an environment where children feel safe, heard, and supported, while also ensuring that their involvement is voluntary. This approach empowers survivors, respects their autonomy, and seeks to address their specific needs and concerns, aiming to provide justice and healing in a manner that is sensitive to their unique experiences and vulnerabilities.[22]

Intersectionality

Intersectionality is a framework that explores how multiple identities – such as race, gender, age, disability, socioeconomic status, and others – meet and interact to shape individuals' experiences of oppression and privilege.[23] It recognizes that people are affected by a combination of these identities and that their experiences cannot be understood fully by examining each identity in isolation. In the context of trauma-informed documentation and accountability processes for child survivors, an intersectional approach ensures that the unique and overlapping impacts of various identities on children's experiences are acknowledged and addressed. This perspective helps to tailor support and justice mechanisms in a way that considers the full complexity of each survivor's situation, promoting more equitable and effective outcomes through approaches that are tailored to individual contexts and vulnerabilities.[24]

Developmentally appropriate and evolving capacity

Approaches and practices that are developmentally appropriate and respect evolving capacity are those that are tailored to the cognitive, emotional, and psychological stages of a child's development, while also recognizing that children's abilities and understanding change as they grow and therefore the ways that children are engaged must also necessarily evolve.[25] In the context of trauma-informed documentation and accountability processes this means adapting methods and interactions to match the child's developmental level and capacity for understanding and participating in the process. It involves providing support and information in ways that are age and developmentally appropriate, ensuring that their involvement respects their ability and is based on consent/assent, and fosters their well-being throughout the investigation and justice processes.[26]

Focus and Limitations of this Toolkit

This toolkit and the resources within it were designed to address the specific needs of child survivors of conflict-related sexual violence, because children face particular vulnerabilities to sexual violence given their age, size, dependency on adults, additional vulnerabilities such as displacement that may arise in conflict, and their limited participation and exclusion in decision-making processes.[27] While vulnerability to sexual violence exists due to the external power dynamics of dependence and protection experienced by children, there are other internal, intersectional factors contributing to vulnerability, including age and development. The intersectionality of specific age ranges, cognitive, developmental, and pubertal stages affect not only vulnerability to sexual violence, but also a child's reaction to – and understanding of – abuse, which can impact reporting.

These factors influenced PHR's focus on developing specific tools to enhance the effectiveness of documentation and access to justice approaches for this population, but these tools can also be applied to children who have experienced other human rights violations. While these approaches have primarily been tested with child survivors of sexual violence and within PHR's areas of work and with PHR's partner organizations, we believe this toolkit's trauma-informed principles, suggestions, and guidance can be adapted for use in different contexts and applications.

Citations

1 Special Representative of the Secretary General on Children and Armed Conflict, "Children and Armed Conflict: Report of the Secretary-General."

2 Ibid.

3 Palermo and Peterman, "Undercounting, Overcounting and the Longevity of Flawed Estimates"; Traunmüller, Kijewski, and Freitag, "The Silent Victims of Sexual Violence during War."

4 Kelly et al., "Experiences of Female Survivors of Sexual Violence in Eastern Democratic Republic of the Congo"; Albutt et al., "Stigmatisation and Rejection of Survivors of Sexual Violence in Eastern Democratic Republic of the Congo"; Schippert, Grov, and Bjørnnes, "Uncovering Re-Traumatization Experiences of Torture Survivors in Somatic Health Care"; Lorenz, Kirkner, and Ullman, "A Qualitative Study Of Sexual Assault Survivors' Post-Assault Legal System Experiences."

5 Kadir, Shenoda, and Goldhagen, "Effects of Armed Conflict on Child Health and Development."

6 Nelson et al., "Impact of Sexual Violence on Children in the Eastern Democratic Republic of Congo."

7 Perissi and Naimer, "Achieving Justice for Child Survivors of Conflict-Related Sexual Violence in the Democratic Republic of the Congo"; Sane et al., "Advancing Justice for Children"; Reicherter et al., "Implementation of Trauma-Informed Best Practices for International Criminal Investigations Conducted by the United Nations Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL (UNITAD)."

8 Komar et al., "A Comparison of the International Protocols for the Forensic Assessment of Conflict-Related Sexual Violence Victims"; The Office of the Prosecutor, "Policy on Children"; OHCHR, "Istanbul Protocol"; Murad Code, "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence."

9 OHCHR, "Istanbul Protocol."

10 Murad Code, "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence."

11 The Office of the Prosecutor, "Policy on Children."

12 The Office of the Prosecutor, "Policy on Gender-Based Crimes."

13 United Nations Sustainable Development Group, "Universal Values: Human Rights-Based Approach."

14 UNFPA, "The Human Rights-Based Approach."

15 Goldhagen et al., "Thirtieth Anniversary of the UN Convention on the Rights of the Child."

16 United Nations, "Policy on Integrating a Human Rights-Based Approach to United Nations Efforts to Prevent and Respond to Sexual Exploitation and Abuse"; Goldhagen et al., "Thirtieth Anniversary of the UN Convention on the Rights of the Child."

17 "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach."

18 Treatment (US), "Trauma-Informed Care."

19 Government of the United Kingdom: Office for Health Improvement and Disparities, "Guidance: Working Definition of Trauma-Informed Practice."

20 United Nations, "Victims Rights First: Victim Centered Approach."

21 Inter-Agency Standing Committee, "Inter-Agency Standing Committee Definition & Principles of a Victim/Survivor Centered Approach."

22 UNICEF, "Caring for Survivors: A Principled Approach."

23 Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics."

24 "Intersectionality."

25 Committee on the Rights of the Child, "Statement of the Committee on the Rights of the Child on Article 5 of the Convention on the Rights of the Child."

26 IPPF, "Keys to Youth-Friendly Services: Understanding Evolving Capacity."

27 Mazurana and Carlson, "The Girl Child and Armed Conflict: Recognizing and Addressing Grave Violations of Girls' Human Rights"; Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Keynote Statement at the Global Summit on Sexual Violence, London."

References

Albutt, Katherine, Jocelyn Kelly, Justin Kabanga, and Michael VanRooyen. "Stigmatisation and Rejection of Survivors of Sexual Violence in Eastern Democratic Republic of the Congo." *Disasters* 41, no. 2 (2017): 211–27. doi:10.1111/disa.12202.

Committee on the Rights of the Child. "Statement of the Committee on the Rights of the Child on Article 5 of the Convention on the Rights of the Child," October 2023. https://www.ohchr.org/sites/default/files/documents/hrbodies/crc/statements/CRC-Article-5-statement.pdf.

Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *University of Chicago Legal Forum* 1989, no. 1 (1989).

Goldhagen, Jeffrey, Andrew Clarke, Peter Dixon, Ana Isabel Guerreiro, Gerison Lansdown, and Ziba Vaghri. "Thirtieth Anniversary of the UN Convention on the Rights of the Child: Advancing a Child Rights-Based Approach to Child Health and Well-Being." *BMJ Paediatrics Open* 4, no. 1 (January 12, 2020). doi:10.1136/bmjpo-2019-000589.

Government of the United Kingdom: Office for Health Improvement and Disparities. "Guidance: Working Definition of Trauma-Informed Practice," November 2022. https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice.

Inter-Agency Standing Committee. "Inter-Agency Standing Committee Definition & Principles of a Victim/Survivor Centered Approach," June 2023. https://interagencystandingcommittee.org/sites/default/files/migrated/2023-06/IASC%20Definition%20%26%20Principles%20of%20a%20Victim_Survivor%20Centered%20Approach.pdf.

Sexual Violence Prevention and Response Office. "Intersectionality." Accessed November 24, 2024. https://svpro.mcmaster.ca/prevention/learning-hub/intersectionality/.

IPPF. "Keys to Youth-Friendly Services: Understanding Evolving Capacity," May 2012. https://www.ippf.org/sites/default/files/key_evolving_capacity.pdf.

Kadir, Ayesha, Sherry Shenoda, and Jeffrey Goldhagen. "Effects of Armed Conflict on Child Health and Development: A Systematic Review." *PLOS ONE* 14, no. 1 (January 16, 2019): e0210071. doi:10.1371/journal.pone.0210071.

Kelly, J. T., T. S. Betancourt, D. Mukwege, R. Lipton, and M. J. VanRooyen. "Experiences of Female Survivors of Sexual Violence in Eastern Democratic Republic of the Congo: A Mixed-Methods Study." *Conflict and Health* 5, no. 1 (November 2, 2011): 25. doi:10.1186/1752-1505-5-25.

Komar, Debra, Sami El Jundi, Roberto C. Parra, and Pierre Perich. "A Comparison of the International Protocols for the Forensic Assessment of Conflict-Related Sexual Violence Victims." *Journal of Forensic Sciences* 66, no. 4 (July 2021): 1520–23. doi:10.1111/1556-4029.14691.

Lorenz, Katherine, Anne Kirkner, and Sarah E. Ullman. "A Qualitative Study Of Sexual Assault Survivors' Post-Assault Legal System Experiences." *Journal of Trauma & Dissociation* 20, no. 3 (May 27, 2019): 263–87. doi:10.1080/15299732.2019.1592643.

Mazurana, Dyan, and Khristopher Carlson. "The Girl Child and Armed Conflict: Recognizing and Addressing Grave Violations of Girls' Human Rights," n.d.

Murad Code. "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence," April 2022. https://static1.squarespace.com/static/5eba1018487928493de323e7/t/6255fdf29113fa3f4be3add5/1649802738451/220413_Murad_Code_EN.pdf.

Nelson, Brett D., Lisa Collins, Michael J. VanRooyen, Nina Joyce, Denis Mukwege, and Susan Bartels. "Impact of Sexual Violence on Children in the Eastern Democratic Republic of Congo." *Medicine, Conflict and Survival* 27, no. 4 (October 1, 2011): 211–25. doi:10.1080/13623699.2011.645148.

Office of the Special Representative of the Secretary-General for Children and Armed Conflict. "Keynote Statement at the Global Summit on Sexual Violence, London," June 10, 2014. https://childrenandarmedconflict.un.org/2014/06/10-june-keynote-statement-at-the-global-summit-on-sexual-violence-london/undefined.

OHCHR. "Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022 Edition)," 2022. https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0.

Palermo, Tia, and Amber Peterman. "Undercounting, Overcounting and the Longevity of Flawed Estimates: Statistics on Sexual Violence in Conflict." *Bulletin of the World Health Organization* 89 (December 2011): 924–25. doi:10.1590/S0042-96862011001200017.

Perissi, Daniele, and Karen Naimer. "Achieving Justice for Child Survivors of Conflict-Related Sexual Violence in the Democratic Republic of the Congo." *Journal of International Criminal Justice* 18, no. 2 (May 1, 2020): 293–306. doi:10.1093/jicj/mqaa008.

Reicherter, Daryn, Shaune-Ru Wang, Tara N. Ohrtman, Nenna Ndukwe, Simo Vaatainen, Sarah Alcalay, and Lisa M. Brown. "Implementation of Trauma-Informed Best Practices for International Criminal Investigations Conducted by the United Nations Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL (UNITAD)." *Psychological Injury and Law* 15, no. 4 (December 1, 2022): 319–29. doi:10.1007/s12207-022-09457-x.

"SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach," n.d.

Sane, Jelia, Véronique Aubert, Aurélie Lamazière, Keyan Salarkia, Vanessa Grée, Federica D'Alessandra, and Sareta Ashraph. "Advancing Justice for Children: Innovations to Strengthen Accountability for Violations and Crimes Affecting Children in Conflict." Accessed March 7, 2022. https://www.bsg.ox.ac.uk/research/publications/advancing-justice-children-innovations-strengthen-accountability-violations.

Schippert, Ana Carla S. P., Ellen Karine Grov, and Ann Kristin Bjørnnes. "Uncovering Re-Traumatization Experiences of Torture Survivors in Somatic Health Care: A Qualitative Systematic Review." *PLOS ONE* 16, no. 2 (February 4, 2021): e0246074. doi:10.1371/journal.pone.0246074.

Special Representative of the Secretary General on Children and Armed Conflict. "Children and Armed Conflict: Report of the Secretary-General." Agenda item 67: Promotion and protection of the rights of children. Security Council: United Nations General Assembly: 78th Session, June 3, 2024.

The Office of the Prosecutor. "Policy on Children." International Criminal Court, December 2023. https://www.icc-cpi.int/sites/default/files/2023-12/2023-policy-children-en-web.pdf.

———. "Policy on Gender-Based Crimes." International Criminal Court, December 2023. https://www.icc-cpi.int/sites/default/files/2023-12/2023-policy-gender-en-web.pdf.

Traunmüller, Richard, Sara Kijewski, and Markus Freitag. "The Silent Victims of Sexual Violence during War: Evidence from a List Experiment in Sri Lanka." *Journal of Conflict Resolution* 63, no. 9 (October 1, 2019): 2015–42. doi:10.1177/0022002719828053.

Treatment (US), Center for Substance Abuse. "Trauma-Informed Care: A Sociocultural Perspective." *In Trauma-Informed Care in Behavioral Health Services*. Substance Abuse and Mental Health Services Administration (US), 2014. https://www.ncbi.nlm.nih.gov/books/NBK207195/.

UNFPA. "The Human Rights-Based Approach," November 2014. https://www.unfpa.org/human-rights-based-approach.

UNICEF. "Caring for Survivors: A Principled Approach." Accessed November 24, 2024. https://www.unicef.org/eca/media/15831/file/Module%202.pdf.

United Nations. "Policy on Integrating a Human Rights-Based Approach to United Nations Efforts to Prevent and Respond to Sexual Exploitation and Abuse," December 2021. https://www.un.org/preventing-sexual-exploitation-and-abuse/sites/www.un.org.preventing-sexual-exploitation-and-abuse/files/policy_on_integrating_a_human_rights-based_approach_to_un_efforts_to_prevent_and_respond_to_sea.pdf.

———. "Victims Rights First: Victim Centered Approach." *United Nations*. United Nations. Accessed November 24, 2024. https://www.un.org/en/victims-rights-first.

United Nations Sustainable Development Group. "Universal Values: Human Rights-Based Approach." Accessed November 24, 2024. https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach, https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach.

Physicians for Human Rights

Foundational Principles for Applying the Concepts of Consent, Assent, Dissent and Evolving Individual Capacity to Ensure Trauma-informed Documentation, Justice, and Reparations Processes for Child Survivors of Sexual Violence

Version Date: July 2024

These foundational principles were developed by Physicians for Human Rights (PHR) in collaboration with a community of practice made up of global experts from the medical, psychological, legal, ethical and human rights sectors.[1] This is meant to serve as a "living" document which may be updated as the principles outlined here are applied and feedback is received from those using these principles to guide their work.[2]

The goal of these foundational principles is to provide key considerations when developing and implementing consent and assent processes for child survivors of sexual violence that respect children's right to be heard and evolving capacity within trauma-informed justice and reparation processes. We acknowledge that each process for seeking consent and assent will be different and will need to be tailored both to the individual child, in their specific environment, and the specific context of their engagement with the documentation, justice or reparations process, but there are also certain minimum standards that must be adhered to. We also acknowledge that context and risk assessment is critical to determine how to develop an informed consent and assent process that considers the needs and challenges present in a specific situations and contexts and integrates this assessment into the process.

These principles are meant to be used by experienced, trained professionals seeking to apply an ethical and trauma-informed lens to structuring consent processes with children. These principles are also intended to provide key recommendations drawn from existing good practices, while also allowing for innovation and creativity in the design and implementation of processes which respect minimum

Key Definitions:

- **Child[3]:** a person below the age of 18 years (unless under the law applicable to the child, majority is attained earlier).
- **Informed Consent[4]:** the process by which an individual is given the opportunity to decide to participate in a documentation, justice or reparations process before and during the process. In this process the individual must be given all the information needed to make an informed decision to agree or decline to participate.

  There are three components to meaningful informed consent: (1) voluntariness which means that consent is freely given without any external or internal pressure; (2) comprehension, which means that the individual understands each part of the process, why it is being done, how the information collected may be used, and the benefits and risks of the process, and any alternatives available before they agree to participate; and (3) authorization which means that the individuals permission/consent to participate should be clearly stated.

  Informed consent is a continuous process, and consent can be withdrawn at any time.

  There is a general requirement that an individual must be competent to give informed consent; where an individual is deemed to lack competency to provide informed consent, informed assent may be appropriate.
- **Informed Assent:** the process by which an individual, who may not be able to legally or otherwise provide informed consent to participate in a documentation, justice, or reparations process, is given the opportunity to decide to participate in the process. This often applies to minors.

  The same principles of voluntariness, comprehension, and authorization as outlined under "Informed Consent" also apply to meaningful informed assent processes.

  Informed assent does not replace the need for informed consent from a responsible adult before moving forward with a documentation, justice, or reparations process.

  Informed assent is a continuous process. Assent can be withdrawn at any time.
- **Dissent:** the act of declining or refusing to participate in a documentation, justice or reparations process and the process of ending such participation when consent or assent is withdrawn.
- **Evolving individual capacity:** the idea that children progressively acquire competencies, including as they relate to their cognitive, emotional, and behavioral ability to understand processes that affect them. Evolving individual capacity is related to a child's developing agency to take responsibility for certain actions and exercise their rights.
- **Do no harm:** the concept that all processes should refrain from doing any harm. In this context this means being fully aware of the possible negative impacts of participation in documentation, justice or reparations processes; being prepared for the harm those impacts may inflict; and putting in place measures to prevent or minimize that harm.[5] The benefits and risks of participation (or lack of participation) should be considered, and the benefits should be assessed to outweigh the potential risks of participation before moving forward.
- **Trauma-informed:** an approach that acknowledges the existence and prevalence of trauma, considers how trauma affects individuals and interpersonal interactions, and recognizes multiple stakeholders' role in being conscious of the role of trauma in an individual's life, and mitigating its effects.

Overarching Principles for the Inclusion of Children in the Informed Consent Process

- The best interest of the child must always be the primary consideration in any documentation, justice, and reparations process and must be considered when making an ultimate determination about a child's participation in such a process.

- Children have the right to be heard and to participate in documentation, justice, and reparation processes that affect them.
    - A critical part of realizing and respecting this right is to engage children in consent and assent processes, subject to and in accordance with individualized vulnerability, threat, and risk assessments.
- Children should always be included, in an age-appropriate manner, in decision-making regarding their participation in documentation, justice and reparations processes.
- Consent and assent processes for children must be child-centered, trauma-informed, and conscious of intersectional identities and vulnerabilities.
- It should be clearly stated to children and their responsible adults at the outset of any process that their participation is voluntary and that they have the right to decline to participate or withdraw their consent/assent to participate at any time.
- Children's informed consent/assent must be reaffirmed at all steps/stages of a documentation, justice or reparations process.
- Children's decision to decline to provide or to withdraw consent/assent when previously provided, must be respected and processes must be in place to allow children to express dissent at every stage during the process.
- In consent and assent processes, when children's wishes to participate differ from their responsible adult's[6] decision the child's decision to participate must be seriously considered alongside the competence of the responsible adult to provide informed consent and represent the best interest and wishes of the child in order to ensure a meaningful process where the child's wishes are considered.
- Children's ability to participate and provide informed consent or assent should be assessed on an individual basis, taking into consideration their age, experiences, cognitive, emotional, and other developmental stages[7] not only their chronological age.
- Consent and assent processes for children should be structured in a way that is responsive to a child's individual evolving capacity.
- Consent and assent processes for children should be developed to ensure the "do no harm" principle is met.
- Consent and assent processes with children should always be carried out by highly qualified professionals who have experience, and the necessary competencies gained through training, supervision, and monitoring.
- Consent/assent processes should be tiered[8] and continue as a child moves along the justice pathway.
- Proper and ongoing planning, including individualized vulnerability, threat, and risk assessments, is fundamental and a precondition to realizing the rights of children in consent, assent, and dissent processes.
- A consent, documentation, justice, or reparations process should be stopped at any point if the process cannot be done in a safe and appropriate way aligned with these principles.

Commitment to Inclusion of Children in the Informed Consent Process

- All children must be given the opportunity[9] to provide informed consent (when legally possible) or assent prior to participating in a documentation justice, or reparations process.
- Children's informed consent/assent should be reaffirmed at all steps/stages of a documentation justice, or reparations process.
- All children must have the opportunity to dissent or withdraw their consent/assent at any time. Such decisions should be respected, and processes should be in place to allow children to express dissent at every stage during the process and for immediate and effective steps to be taken to give effect to that decision.

- Children who cannot provide informed consent (due to legal thresholds, cognitive capacities, or developmental stage) should be given the opportunity to assent if possible given individual evolving capacity.
- If consent or assent is not provided for direct interviews[10] due to risk to the child, their family or community, their perspectives should be incorporated in other ways or through other approaches or sources of evidence.
- Children should be included, when possible, in shaping how a consent and assent process is designed.
- Families and communities (teachers, doctors, child protection workers, local experts with knowledge of the situation of children) should be included, when possible, and subject to and in accordance with related context and risk assessments, in developing consent processes to ensure children's safety and that their best interests are protected.
- Organizations should continually build organizational capacity to include children in consent processes.

The Evolving Capacity of Children to Consent, Assent, and Dissent

- As their capacity evolves, children should take a more active role in consent processes and decisions.
- Information materials should be developed in consideration of children's evolving capacity to understand and process information. Such materials should represent developmental, gender, cultural, linguistic, geographical, and other relevant considerations.
- Environment, identities, and vulnerabilities including gender, gender roles, and gender norms should also be considered in how they influence children's capacity to provide consent and assent.

Parameters for Assessing Consent, Assent and Dissent

- Consent/assent processes for children should be well planned and adapted for different contexts and must consider the linguistic, gender dynamics, cultural, and other factors that may impact a child's understanding of or ability to provide consent and assent.
    - Children should be provided information about documentation, justice and reparations processes in a language and format that they can understand and in a manner that considers their developmental stage, emotional, and cognitive development, prior to providing informed consent or assent.
- Children and their responsible adults should be provided with clear guidance and parameters on how to withdraw consent.
- Children must not in any direct or indirect way be given incentives or be pressured to consent, including rewards for participation or assurances including regarding justice processes, as this is coercive.
    - A discussion should be had with responsible adults at the outset of the process to also discuss potential undue pressure, incentives, and coercive measures and their impact on children to ensure responsible adults avoid them.
- When seeking informed consent, dynamics of power and control which may make participants feel compelled to provide consent should be considered and measures taken whenever possible to mitigate/eliminate these power dynamics in decision making.
- When seeking informed consent, potential risks (confidentiality, safety, well-being, social repercussions, stigma, legal, and so forth) should be comprehensively assessed and communicated to children and their responsible adults.
    - A vulnerability, risk and security assessment should be conducted prior to engaging children in a consent or assent process.
    - Processes should be structured to mitigate the risks identified.

- Safeguarding and referral pathways and a child-centered complaints mechanism should be in place prior to beginning a consent/assent process.
- An assessment of resources and support structures (including long-term and secure information storage) should be conducted to ensure that documentation can be conducted safely before a consent/assent process begins.

Process for Seeking Consent, Assent, and Dissent

Timeline

- Consent/assent should be received explicitly from children for all parts of the justice process, including, but not limited to audio/video recording, interview, physical examination, photography, diagnostic testing, participation in court proceedings.
- Children's informed consent/assent should not be required to occur along a set timeline (for example, only at the beginning of the encounter) and should be sought at each of the different stages of the process in which they are participating.
  - Tools and mechanisms used to ask for consent/assent should reflect this.
  - Sufficient time should be allocated to the consent/assent process to allow children an opportunity to participate at their own pace including time to ask questions, and time to build rapport with the child.
  - Responsible adults should also be given sufficient time to understand the process and ask questions before being asked to provide consent/assent.

Qualifications for Those Seeking Consent

- Professionals assessing informed consent need to have both competency and experience in assessing the ability of child survivors to participate in documentation, justice, or reparations processes.
  - All professionals seeking informed consent from children should receive specific training on trauma-informed, survivor centered, and gender sensitive approaches for working with children.
  - All professionals seeking informed consent/assent from children should have competency, skills and demonstrated experience interacting with children in nuanced ways that are attuned to individual children's evolving capacities, abilities, and needs.
  - When those seeking consent/assent do not speak the language of the child, consent and assent processes with children should be carried out with trained interpreters who have experience engaging with child survivors.
- Time should be set aside for the consent/assent process at the outset of any encounter, and stakeholders should be trained in conducting the process (for example, setting, language to use, body language, use of developmentally appropriate learning tools, gender specific sensitivities, safety concerns).
- Whenever possible a trained local team should be used who understand the cultural dimensions of seeking consent/assent and can explain and document consent, assent, and dissent.
  - This is especially important in cases of sexual violence to ensure linguistically, psychologically, and culturally appropriate approaches are taken to seeking consent to speak about sexual violence.

Environment and Structure of Consent Processes

- Consent and assent processes with children should be conducted in an environment that is child-centered and ensures privacy and confidentiality during the activity.
- Opportunities should be provided for community members or other trusted individuals, subject to and in accordance with related threat and risk assessments and other plans, to engage in the process as a support person, in addition to a responsible adult, to ensure a safe environment can be created for children within the consent/assent process.

- Consent processes should ensure that both children and the adults representing them have a genuine understanding of what they are consenting to or assenting to and can give informed consent or assent.
    - Clearly explaining the documentation, justice, and reparations process, including any judicial proceedings, is important before seeking consent/assent.
    - Each stage of the process should be explained to children and their responsible adults with clear definitions and explanations along with an opportunity to ask questions.
- The consent process should consider legal, procedural, and other relevant factors when seeking assent from children to ensure admissibility in the justice process and limit legal risk.
    - The consent process should account for local laws and regulations as well as global standards and best practices.
    - The consent process should consider mandatory reporting requirements in the place where the activity is occurring and explain these requirements to children and their responsible adults before participation.

Engaging with Responsible Adults and Community

- Responsible adults, families, and sometimes the wider community may need to be engaged, in a manner that respects confidentiality, so that there is comprehensive understanding of why an exam or interview is being conducted.
- If there is any question of whether the responsible adult is acting in the best interest of the child, then they should not participate in the activity.
- Time should be set aside to speak with the responsible adult prior to the consent/assent process with the child about what to expect and how to avoid giving their child undue pressure to make a certain decision or in any way compromising the child's own decision to consent/assent.
- It is important to understand the cultural and societal context, including gender dynamics, that the consent/assent/dissent process is happening within in order to enable informed and voluntary decision making and to know when and how to disengage from the process if it cannot be done in accordance with these principles and other applicable standards and laws.
- Professionals working with children should not seek to "replace" responsible adults or remove them from consent and assent processes. They should find ways to partner with them too to better realize the rights (and voice) of the child.
- Professionals should be prepared to disengage from a consent, documentation, justice or reparations process if it cannot be done in a safe and appropriate way and may cause more harm.
    - How to navigate this scenario must be planned and discussed at the beginning of the process with the child or adult.

Additional Information

1 Editorial authority for developing the principles has rested with PHR, as such, being listed as a contributing expert or organization is not necessarily indicative of full endorsement of all aspects of these Principles. Organizations and experts who contributed to the drafting of these foundational principles include: An Michels, Arti Mohan, Baudouin Kipaka Basilimu, Danaé van der Straten Ponthoz, Dato' Shyamala Alagendra, Global Survivors Fund, Emily Muthoni Kiragu, Francesco Cecon, Institute for International Criminal Investigations (IICI), IIIM (International, Impartial and Independent Mechanism – Syria), Dr. Jagadeesh Narayanareddy, Jeannette Mafika, Dr. Jean-Yves Frappier, Karina Violeta Padilla Malca, Mikiko Otani, Olena Chernova, Roselyne Mkabana, Safe Futures Hub (comprised of the Sexual Violence Research Initiative (SVRI), Together for Girls, and WeProtect Global Alliance), Save the Children, Stacy Mugure Muchugia

2 Please share any feedback on the principles with PHR by emailing Lindsey Green, Senior Program Officer, at lgreen@phr.org.

3 Convention on the Rights of the Child. November 1989. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

4 What is Informed Consent: https://phr.org/what-is-informed-consent/

5 Second edition of the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict; March 2017. https://www.gov.uk/government/publications/international-protocol-on-the-documentation-and-investigation-of-sexual-violence-in-conflict

6 A "responsible adult" is the person who makes decisions on behalf of a child. This may be their parent, caregiver, guardian or another responsible and competent individual.

7 A period in a child's life when certain needs, behaviors, experiences and capabilities are common and different from other periods

8 Tiered consent provides the opportunity for the individual to choose the broadness of the consent, for example: agree to an interview but not an exam; agree to a photo but not a video; etc.)

9 Subject to individualized vulnerability, threat and risk assessments.

10 Either in-person or remotely conducted.

Physicians for Human Rights

Evidence-Based Standards, Norms, and Good Practices for Trauma-Informed Engagement with Children in Justice Processes: Standards Identified by Physicians for Human Rights and the Cardozo Law Institute in Holocaust and Human Rights[1]

Child victims and survivors of sexual violence face unique challenges to participation in justice processes despite recognition in international human rights law (IHRL) of the rights of all survivors of gender-based violence, including children, to be heard and to have access to justice.[2] Ensuring child survivors of sexual violence can meaningfully access and participate in justice processes – particularly in a manner that promotes remedy and healing rather than revictimization and harm – requires knowledge and implementation of trauma-informed principles and practices that incorporate gender, age, and developmentally sensitive approaches. There are existing evidence-based standards, norms, and good practices for trauma-informed engagement with children that are implemented locally, regionally and internationally that should be used in policy and practice. Below we highlight critical standards and practices drawn from national, regional, and international contexts that are important to incorporate in order to center trauma-informed practices.

a. Promote utilization of evidence-based practices and international standards

In recent years, much work has been done to identify the challenges that hinder accountability for child survivors of conflict-related sexual violence and to conceptualize trauma-informed, child-centered principles and practices that can provide a pathway to justice. Importantly, several jurisdictions have adopted successful practices drawing on both the medical and legal sectors that offer models for how to navigate these challenges and implement evidence-informed principles for engaging with children that further the goals of survivor-centered care and accountability.[3] A number of international standards and protocols have been recently developed or updated with specific attention to the needs of child survivors and centered on trauma-informed practices that can be applied throughout the justice process.[4] These standards and protocols include the updated version of the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol) and the Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence (the Murad Code).[5] Additional sources for guidance and standards related to documentation/investigations, medical/forensic examinations, and legal/judicial processes regarding children include guidance published by the World Health Organization (WHO),[6] the Preventing Sexual Violence in Conflict Initiative (PSVI),[7] and the National Institute for Child Health and Development (NICHD) protocol.[8]

b. Emphasize the need for standardized documentation

Use of standardized documentation tools and procedures, including standardized medicolegal certificates for forensic examinations, is critical to ensure that evidence collected from child survivors of sexual violence crimes is collected in a manner that can be used for justice processes. Use of standardized documentation of sexual violence has been shown to lead to better adjudication outcomes for survivors.[9] For crimes involving children, as reporting is already limited, it is even more critical that evidence is collected in a way that is usable and easily understood by legal and judicial professionals. Use of standardized protocols for interviewing and examining children (such as the Istanbul Protocol and NICHD Protocol) should be key tools to enhance the quality, comprehensiveness and accuracy of evidence collected on crimes against children.[10] Use of standardized documentation tools and collection procedures are crucially important to ground practices in trauma-informed and developmentally appropriate principles for engagement with children and to ensure the quality of evidence collected.

c. Use of trauma-informed principles in documenting and interviewing to allow children to name the causes of trauma and harm

Retraumatization is a key concern when interviewing child survivors and documenting violence. This concern can have a chilling effect on documentation efforts for crimes against and affecting children. However, evidence shows that interviewing children once or multiple times is not inherently retraumatizing if it is done using trauma-informed principles and practices that are adapted for the context as well as the child's developmental stage.[11] Utilizing child-sensitive approaches that incorporate trauma-informed, intersectional frameworks will require explicitly interrogating and countering stereotypes about children's abilities to participate actively and meaningfully in investigations, prosecutions, and other aspects of accountability and justice processes.

A stakeholder using trauma-informed practices would communicate effectively and emphatically with affected individuals and would consider eliminating or modifying court procedures that could be perceived as threatening and would adjust the physical environment to create a more welcoming setting that enhances a survivor's sense of safety.[12]

Trauma-informed practices should be implemented in all stages and phases of the justice process, including investigation, interviewing, physical examination, communication, courtroom procedures, witness testimonies, perpetrator questioning, safety assessment, and post-sentencing follow ups and referrals. Notably, children's participation in justice processes can be positive to promote healing, process trauma and build resilience if conducted in survivor-centered and trauma-informed ways.[13]

Good practices using trauma-informed principles would include:

(a) using a comprehensive vulnerability assessment that would serve as the basis for an individualized management plan for each survivor or witness,[14]
(b) ensuring referral pathways are available for survivors to access mental health services before, during, and after participating in an interview, [15]
(c) utilizing a multidisciplinary team to support child survivors with disclosure, documentation, and support, [16]
(d) embedding a child psychologist within an investigation team to ensure continual assessment and adjustment of the trauma informed approach,[17]
(e) utilizing developmentally appropriate and evidence-based tools for engaging with child survivors,[18]
(f) creating a glossary of cultural appropriate terms and idioms that can be used by investigators and judges to support victim and witness testimony,[19] and
(g) considering the vicarious trauma of staff and experts working on cases.

The features of a trauma-informed approach are critically important when it comes to judicial processes that involve children as victims, survivors, or witnesses. International human rights law also affirms many of these interventions as being part of a rights-based approach.

d. Promote standards and technical innovations for engaging children in the legal process in a survivor-centered manner

All standards and practices for engaging with children should be grounded in a rights-based approach which should include giving due weight to children's right to be heard and not excluded from justice processes that concern them.[20] Children can give credible testimony that can be used as evidence.[21] Reframing how to interview and interact with children, in addition to incorporating flexible approaches that encourage children's participation by giving them choices regarding their engagement, is essential.

The quality of children's engagement and testimony is enhanced by using special measures geared to increasing their ability to meaningfully provide testimony and participate in justice processes and tailored to each survivor's particular needs and vulnerabilities.[22] Special measures may include:

(a) recording children's testimony in advance of a hearing and entering this recording in place of their live testimony,[23]
(b) allowing children to testify behind a screen to shield them from needing to face their accuser,
(c) having a child psychologist conduct the questioning rather than a lawyer or judge,
(d) ensuring questions are tailored to children's language and developmental abilities and ways of consolidating memories,[24]
(e) using play therapy as an alternative approach to gather children's histories in a way that is geared to their form of meaning making,[25]
(f) creating child-centered materials to explain justice processes,[26]
(g) conducting interviews in child-centered spaces with the ability for others to listen to the interview from another room,[27] and
(h) having lawyers and judges sit at the same level as a child when questioning them or removing wigs or other judicial costumes.[28]

Additionally, technology should be further leveraged to facilitate children's survivor-centered engagement with justice processes. Leveraging technology can include both solutions, such as closed-circuit interviews and recorded interviews that can be safely stored and transmitted via secure web platform and using voice modification technology to distort survivors' voices alongside testimony behind a screen or while wearing head to toe covering.[29] Each of these adjustments are meaningful measures which represent an opportunity for the justice process to adapt to children rather than asking children to adapt to justice processes.

e. Support the implementation of recommended practices including allocating resources for training and prioritizing competence specifically on sexual violence and children across all ages, developmental stages, and genders.

For the principles laid out above to be successfully implemented in any context, adequate financial, staffing and technical support must be provided to those who work with child survivors of violence to document their experience and pursue justice. Successful application of the principles outlined above is incumbent on robust investment in staffing and skill development to ensure those working with children have the necessary skills and competencies to use them in day-to-day practice and promote their implementation on an institutional level. Resources should not only be allocated to extensive, in-depth training, but also to ongoing mentorship and oversight to ensure that those engaging with children as part of the justice process have the adequate skills and support to appropriately use these approaches. Whenever possible, opportunities should be identified to

align and integrate these efforts with local organizations to ensure sustainable systems to support survivors after the legal process has ended. Moreover, priority should be given to hiring staff in key positions with expertise in child development, trauma-informed approaches, and implementation of child protective measures as outlined above.

Citations

1 In May 2023 and August 2024, Physicians for Human Rights and the Cardozo Law Institute in Holocaust and Human Rights developed a summary of these trauma informed practices to submit to the call for comments by the Prosecutor for the International Criminal Court regarding the 2016 Office of the Prosecutor's Policy on Children and the Committee on the Rights of the Child's call for submissions to General Comment No. 27 on Children's Rights to Access to Justice and Effective Remedies

2 The Committee on the Rights of the Child has held that the right to an effective remedy is an implicit requirement of the Convention. The Committee stated that "States need to give particular attention to ensuring that there are effective, child-sensitive procedures available to children and their representatives. These should include the provision of child-sensitive information, advice, advocacy, including support for self-advocacy, and access to independent complaints procedures and to the courts with necessary legal and other assistance." Convention on the Rights of the Child, General Comment No. 5, para. 24. See also Committee on the Elimination of Discrimination against Women, General Recommendation 35 on gender-based violence against women, updating general recommendation No. 19 , paras. 28, 29(b), UN Doc. CEDAW/C/GC/35 (2017).

3 Daniele Perissi & Karen Naimer, *Achieving Justice for Child Survivors of Conflict-related Sexual Violence in the Democratic Republic of the Congo*, 18 JOURNAL OF INTERNATIONAL CRIMINAL JUSTICE 293–306 (2020); Jelia Sane et al., Advancing justice for children: innovations to strengthen accountability for violations and crimes affecting children in conflict, https://www.bsg.ox.ac.uk/research/publications/advancing-justice-children-innovations-strengthen-accountability-violations (last visited Mar 7, 2022)

4 Komar et al., "A Comparison of the International Protocols for the Forensic Assessment of Conflict-Related Sexual Violence Victims"; OHCHR, "Istanbul Protocol"; Murad Code, "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence."

5 OHCHR, "Istanbul Protocol"; Murad Code, "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence."

6 Guidelines For Medico-Legal Care For Victims Of Sexual Violence, https://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf?sequence=1&isAllowed=y (last visited Mar 17, 2023); WHO ETHICAL AND SAFETY RECOMMENDATIONS FOR RESEARCHING, DOCUMENTING AND MONITORING SEXUAL VIOLENCE IN EMERGENCIES, https://www.who.int/publications-detail-redirect/9789241595681 (last visited March 17, 2023)

7 van der Straten Ponthoz and Ferro Ribeiro, "International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Best Practice on the Documentation of Sexual Violence as a Crime or Violation of International Law (Second Edition)."

8 Lamb et al., "A Structured Forensic Interview Protocol Improves the Quality and Informativeness of Investigative Interviews with Children," 2007.

9 Rachel Jewkes et al., *Medico-Legal Findings, Legal Case Progression, and Outcomes in South African Rape Cases: Retrospective Review,* 6 PLOS Medicine e1000164 (2009); Margaret J. McGregor et al., *Sexual assault forensic medical examination: is evidence related to successful prosecution?*, 39 Annals Of Emergency Medicine 639–647 (2002); Kelly Gray-Eurom et al., *The prosecution of sexual assault cases: correlation with forensic evidence, 39 Annals of Emergency Medicine* 39–46 (2002); Mette Louise B. G. Kjærulff et al., *The significance of the forensic clinical examination on the judicial assessment of rape complaints - developments and trends*, 297 Forensic Science International 90–99 (2019)

10 Lamb et al., "A Structured Forensic Interview Protocol Improves the Quality and Informativeness of Investigative Interviews with Children," November 1, 2007; Orbach et al., "Assessing the Value of Structured Protocols for Forensic Interviews of Alleged Child Abuse Victims"; Benia et al., "The NICHD Investigative Interview Protocol."

11 Karni-Visel et al., "Facilitating the Expression of Emotions by Alleged Victims of Child Abuse During Investigative Interviews Using the Revised NICHD Protocol"; Duron and Remko, "Considerations for Pursuing Multiple Session Forensic Interviews in Child Sexual Abuse Investigations"; Hershkowitz and Terner, "The Effects of Repeated Interviewing on Children's Forensic Statements of Sexual Abuse"; Block et al., "Multiple Forensic Interviews During Investigations of Child Sexual Abuse."

12 Gene Griffin et al., Using a Trauma-Informed Approach in Juvenile Justice Institutions, 5 Journal Of Child & Adolescent Trauma 271–283 (2012); State Court Leadership Brief: Trauma And Trauma-Informed Responses, https://www.ncsc.org/__data/assets/pdf_file/0034/77677/Trauma-and-Trauma-Informed-Responses.pdf (last visited May 24, 2023)

13 Robert H. Pantell et al., The Child Witness in the Courtroom, 139 Pediatrics e20164008 (2017); Child witnesses in criminal court, in Children As Victims, Witnesses, And Offenders: Psychological Science And The Law 150–166; Child Witnesses' Experiences of Distress in Criminal Court: Sources, Consequences, and Solutions, in Stress, Trauma, And Wellbeing In The Legal System 0, https://doi.org/10.1093/acprof:oso/9780199829996.003.0005 (last visited May 24, 2023)

14 International Criminal Court, Registrar, Annex 1 To The Victims And Witnesses Unit's Submission Of The Protocol On The Vulnerability Assessment And Support Procedure Used To Facilitate The Testimony Of Vulnerable Witnesses Pursuant To Order N° Icc-01/04-02/06-416 Case: The Prosecutor V. Bosco Ntaganda Situation: Situation In The Democratic Republic Of The Congo (2015), https://www.icc-cpi.int/sites/default/files/RelatedRecords/CR2015_00699.PDF (last visited May 19, 2023); Murad Code; Committee On The Rights Of The Child, General Comment No. 24 (2019) On Children's Rights In The Child Justice System (2019), https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-24-2019-childrens-rights-child (last visited May 23, 2023)

15 Ibid.; OHCHR, "Istanbul Protocol." Istanbul Protocol; World Health Organization

16 Cross et al., "Child Forensic Interviewing in Children's Advocacy Centers."

17 Reicherter et al., "Implementation of Trauma-Informed Best Practices for International Criminal Investigations Conducted by the United Nations Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL (UNITAD)."

18 Center For Justice Innovation, Stages of Child Development And Implications For Communicating With Children (2022), https://www.innovatingjustice.org/sites/default/files/media/document/2023/Guide_CJI_CWMP_StagesImplications_05042023.pdf (last visited May 23, 2023); van der Straten Ponthoz & Ferro Ribeiro

19 OHCHR Istanbul Protocol

20 Committee On the Rights Of The Child; United Nations Committee On The Rights Of The Child (CRC), General Comment No. 12 (2009): The Right Of The Child To Be Heard (2009), https://www.refworld.org/docid/4ae562c52.html (last visited May 19, 2023)

21 Brown and Lamb, "Forks in the Road, Routes Chosen, and Journeys That Beckon"; Powell, "Improving the Reliability of Child Witness Testimony in Court."

22 *PILON SGBV Special Measures Series*.

23 27 EUROPARAT, Guidelines of The Committee Of Ministers Of The Council Of Europe On Child-Friendly Justice: Adopted By The Committee Of Ministers Of The Council Of Europe On 17 November 2010 And Explanatory Memorandum (Council of Europe Publ) (2011); UNDOC & UNICEF, Justice In Matters Involving Child Victims And Witnesses Of Crime: Model Law And Related Commentary (United Nations) (2009)

24 Department Of Justice - The Interaction Between Children's Developmental Capabilities And The Courtroom Environment: The Impact On Testimonial Competency, https://www.justice.gc.ca/eng/rp-pr/csj-sjc/ccs-ajc/rr02_6/p0.html (last visited May 24, 2023); Cognition and the Child Witness: Understanding the Impact

of Cognitive Development in Forensic Contexts, in Current Topics In Children's Learning And Cognition , https://www.intechopen.com/chapters/40980 (last visited May 24, 2023); John Philippe Schuman et al., Developmentally Appropriate Questions for Child Witnesses, (2000), https://papers.ssrn.com/abstract=198969 (last visited May 24, 2023)

25 Philip Moses Nyasinga & Dr. Florence K'Okul, Influence Of Play Therapy On The Psychological Well-Being Of Sexually Abused Children In Ainamoi Sub-County, Kericho County Kenya, (2022), https://zenodo.org/record/7082277 (last visited May 24, 2023); Marilyn S. Snow et al., Play Therapy as Court Testimony: A Case Study, 13 International Journal Of Play Therapy 75–97 (2004)

26 Empowering Child Witnesses And Victims Center For Justice Innovation, https://www.innovatingjustice.org/articles/empowering-child-witnesses-and-victims-part-i (last visited May 24, 2023); Child Witness Materials Project Center For Justice Innovation, https://www.innovatingjustice.org/child-witness-support (last visited May 24, 2023)

27 How A Small Room In A Kenya Hospital Can Make A World Of Difference For Young Survivors Of Sexual Violence: Physicians For Human Rights, https://phr.org/our-work/resources/how-a-small-room-in-a-kenya-hospital-can-make-a-world-of-difference-for-young-sexual-and-gender-based-violence-survivors/ (last visited May 24, 2023); Cross et al.

28 Julinda Beqiraj & Lawrence Mcnamara, Children And Access To Justice: National Practices, International Challenges (Bingham Centre for the Rule of Law) (2016), https://www.ibanet.org/document?id=children-and-access-to-justice-national-report (last visited May 19, 2023)

29 Kyra Sanin & Anna Stirnemann, Child Witnesses at The Special Court For Sierra Leone (War Crimes Studies Center University of California, Berkeley) (2006); Pantell et al.; Perissi & Naimer

References

Benia, Luis Roberto, Nelson Hauck-Filho, Mariana Dillenburg, and Lilian Milnitsky Stein. "The NICHD Investigative Interview Protocol: A Meta-Analytic Review." *Journal of Child Sexual Abuse* 24, no. 3 (April 3, 2015): 259–79. doi:10.1080/10538712.2015.1006749.

Block, Stephanie D., E. Michael Foster, Matthew W. Pierce, Molly C. Berkoff, and Desmond K. Runyan. "Multiple Forensic Interviews During Investigations of Child Sexual Abuse: A Cost-Effectiveness Analysis." *Applied Developmental Science* 17, no. 4 (October 1, 2013): 174–83. doi:10.1080/10888691.2013.836033.

Brown, Deirdre A., and Michael E. Lamb. "Forks in the Road, Routes Chosen, and Journeys That Beckon: A Selective Review of Scholarship on Children's Testimony." *Applied Cognitive Psychology* 33, no. 4 (2019): 480–88. doi:10.1002/acp.3511.

Cross, Theodore P., Lisa M. Jones, Wendy A. Walsh, Monique Simone, and David Kolko. "Child Forensic Interviewing in Children's Advocacy Centers: Empirical Data on a Practice Model." *Child Abuse & Neglect* 31, no. 10 (October 1, 2007): 1031–52. doi:10.1016/j.chiabu.2007.04.007.

Duron, Jacquelynn F., and Fiona S. Remko. "Considerations for Pursuing Multiple Session Forensic Interviews in Child Sexual Abuse Investigations." *Journal of Child Sexual Abuse* 29, no. 2 (February 17, 2020): 138–57. doi:10.1080/10538712.2018.1504263.

Gray-Eurom, Kelly, David C. Seaberg, and Robert L. Wears. "The Prosecution of Sexual Assault Cases: Correlation with Forensic Evidence." *Annals of Emergency Medicine* 39, no. 1 (January 2002): 39–46. doi:10.1067/mem.2002.118013.

Hershkowitz, Irit, and Anat Terner. "The Effects of Repeated Interviewing on Children's Forensic Statements of Sexual Abuse." *Applied Cognitive Psychology* 21, no. 9 (2007): 1131–43. doi:10.1002/acp.1319.

Jewkes, Rachel, Nicola Christofides, Lisa Vetten, Ruxana Jina, Romi Sigsworth, and Lizle Loots. "Medico-Legal Findings, Legal Case Progression, and Outcomes in South African Rape Cases: Retrospective Review." *PLOS Medicine* 6, no. 10 (October 13, 2009): e1000164. doi:10.1371/journal.pmed.1000164.

Karni-Visel, Yael, Irit Hershkowitz, Michael E. Lamb, and Uri Blasbalg. "Facilitating the Expression of Emotions by Alleged Victims of Child Abuse During Investigative Interviews Using the Revised NICHD Protocol." *Child Maltreatment* 24, no. 3 (August 1, 2019): 310–18. doi:10.1177/1077559519831382.

Kjærulff, Mette Louise B. G., Ulla Bonde, and Birgitte Schmidt Astrup. "The Significance of the Forensic Clinical Examination on the Judicial Assessment of Rape Complaints - Developments and Trends." *Forensic Science International* 297 (April 2019): 90–99. doi:10.1016/j.forsciint.2019.01.031.

Komar, Debra, Sami El Jundi, Roberto C. Parra, and Pierre Perich. "A Comparison of the International Protocols for the Forensic Assessment of Conflict-Related Sexual Violence Victims." *Journal of Forensic Sciences* 66, no. 4 (2021): 1520–23. doi:10.1111/1556-4029.14691.

Lamb, Michael E., Yael Orbach, Irit Hershkowitz, Phillip W. Esplin, and Dvora Horowitz. "A Structured Forensic Interview Protocol Improves the Quality and Informativeness of Investigative Interviews with Children: A Review of Research Using the NICHD Investigative Interview Protocol." *Child Abuse & Neglect* 31, no. 11–12 (2007): 1201–31. doi:10.1016/j.chiabu.2007.03.021.

———. "A Structured Forensic Interview Protocol Improves the Quality and Informativeness of Investigative Interviews with Children: A Review of Research Using the NICHD Investigative Interview Protocol." *Child Abuse & Neglect* 31, no. 11 (November 1, 2007): 1201–31. doi:10.1016/j.chiabu.2007.03.021.

McGregor, Margaret J., Janice Du Mont, and Terri L. Myhr. "Sexual Assault Forensic Medical Examination: Is Evidence Related to Successful Prosecution?" *Annals of Emergency Medicine* 39, no. 6 (June 2002): 639–47. doi:10.1067/mem.2002.123694.

Murad Code. "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence," April 2022. https://static1.squarespace.com/static/5eba1018487928493de323e7/t/6255fdf29113fa3f4be3add5/1649802738451/220413_Murad_Code_EN.pdf.

OHCHR. "Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022 Edition)," 2022. https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0.

Orbach, Yael, Irit Hershkowitz, Michael E Lamb, Kathleen J Sternberg, Phillip W Esplin, and Dvora Horowitz. "Assessing the Value of Structured Protocols for Forensic Interviews of Alleged Child Abuse Victims." *Child Abuse & Neglect* 24, no. 6 (June 1, 2000): 733–52. doi:10.1016/S0145-2134(00)00137-X.

Perissi, Daniele, and Karen Naimer. "Achieving Justice for Child Survivors of Conflict-Related Sexual Violence in the Democratic Republic of the Congo." *Journal of International Criminal Justice* 18, no. 2 (May 1, 2020): 293–306. doi:10.1093/jicj/mqaa008.

PILON SGBV Special Measures Series: Webinar 1: Lessons Learned, 2022. https://www.youtube.com/watch?v=6pjclTYHLxI.

Powell, Martine B. "Improving the Reliability of Child Witness Testimony in Court: The Importance of Focusing on Questioning Techniques." *Current Issues in Criminal Justice* 17, no. 1 (July 1, 2005): 137–43. doi:10.1080/10345329.2005.12036342.

Reicherter, Daryn, Shaune-Ru Wang, Tara N. Ohrtman, Nenna Ndukwe, Simo Vaatainen, Sarah Alcalay, and Lisa M. Brown. "Implementation of Trauma-Informed Best Practices for International Criminal Investigations Conducted by the United Nations Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL (UNITAD)." *Psychological Injury and Law* 15, no. 4 (December 1, 2022): 319–29. doi:10.1007/s12207-022-09457-x.

Sane, Jelia, Véronique Aubert, Aurélie Lamazière, Keyan Salarkia, Vanessa Grée, Federica D'Alessandra, and Sareta Ashraph. "Advancing Justice for Children: Innovations to Strengthen Accountability for Violations and Crimes Affecting Children in Conflict." Accessed March 7, 2022. https://www.bsg.ox.ac.uk/research/publications/advancing-justice-children-innovations-strengthen-accountability-violations.

Straten Ponthoz, Danae van der, and Sara Ferro Ribeiro. "International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Best Practice on the Documentation of Sexual Violence as a Crime or Violation of International Law (Second Edition)." UK Foreign & Commonwealth Office, March

2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/598335/International_Protocol_2017_2nd_Edition.pdf.

World Health Organization. "Guidelines for Medico-Legal Care for Victims of Sexual Violence," 2003. https://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf?sequence=1&isAllowed=y.

———. "WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies," 2007. https://www.who.int/publications-detail-redirect/9789241595681.

Physicians for Human Rights

Section Two: Curricula

Introduction

Section two presents comprehensive summaries of two important Physicians for Human Rights (PHR) curricula which provides foundational introductions to many of the core concepts outlined in other parts of the toolkit: the multisectoral curriculum and the advanced pediatric curriculum. These curricula are both interactive trainings developed by PHR which offer information related to multisectoral approaches to sexual violence response, trauma-informed, and survivor-centered approaches, essential elements of forensic documentation, and information related to working with child survivors of sexual violence. What is presented here in the Child-Centered Documentation Toolkit are summaries of each curriculum, however, partners are encouraged to contact PHR if they are interested in accessing the complete curriculum if they find the content of section two helpful to their work.

The multisectoral curriculum is intended to serve as an introductory training which provides an overview of the key concepts and essential tools for a multisectoral approach to collection, documentation and the use of forensic evidence of sexual violence. The multisectoral curriculum is meant to be broadly applicable and introductory and does not include special considerations for pediatric cases. These special considerations are discussed in the advanced pediatric curriculum. The multisectoral approach seeks to maximize the quality and preservation of forensic evidence and coordination between sectors to support survivors. Intended audiences include clinical and law enforcement first responders, and those who work within judicial and accountability systems, such as lawyers or survivor advocates. The training particularly emphasizes skills and capacities that ensure the quality of evidence collection as well as ensuring a trauma-informed and survivor centered approach along the documentation and justice pathway.

The advanced pediatric curriculum builds upon the material of the multisectoral curriculum. It serves as a more in-depth training for clinicians engaging in examination and forensic documentation with children. The pediatric curriculum covers a range of topics from informed consent and assent, good practice for conducting medical examinations with child survivors, and training on how to conduct effective interviews with child survivors. While the focus of the Child-Centered Documentation Toolkit seeks to specifically improve the process, quality, and preservation of documentation of sexual violence committed against children for multi-sectoral actors, the pediatric curriculum seeks to address the knowledge gaps that may exist in evaluating and caring for child survivors of sexual violence ***for health care professionals specifically***.

Note: It is important the content of both curricula be adapted to the local context in which the training is taking place. The medicolegal response for sexual violence is different in each community due to a variety of factors such as different legal codes/structures, medical systems or resource availability. These curricula offer a flexible framework of good practices that you must adapt to your specific, local contexts.

Section two has the following objective:

- *Provide an overview of the content and objectives of the multisectoral and advanced pediatric curriculum*

Section two includes the following elements:

- Summary of multisectoral curriculum
- Summary of advanced pediatric curriculum

After Reviewing Section Two

After completing section two, you will have a stronger understanding of capacity development curriculums that exist to enhance technical skills and capacities to collect, document, use, analyze, preserve, and transfer forensic evidence of sexual violence across the different sectors of the justice pathway; the roles and responsibilities of each sector in supporting survivors and collecting and preserving evidence; and skills and tools that strengthen survivor-focused and trauma-informed responses to sexual violence, while cultivating a stronger network of different actors in different sectors unique to their local context.

SECTION TWO: CURRICULA

In this Section:

- Summaries of two comprehensive PHR Curricula: The multisectoral and pediatric curricula.
- Skill development on multisectoral approaches to sexual violence.
- Training on how to apply special considerations for children in multisectoral responses.

Who should review this Section?

- The trainings in this section is useful to all actors along the justice and documentation pathway, but this section is particularly important for those involved in the first response and transfer of evidence of sexual violence, especially clinicians and law enforcement.

Physicians for Human Rights

Summary: Introductory Multisectoral Training on the Collection, Documentation, and Use of Forensic Evidence of Sexual Violence

Overview

The multisectoral training represents the first in a series of trainings developed by the Physicians for Human Rights (PHR) It is intended to serve as the introductory training which provides an overview of the key concepts and essential tools for the multisectoral approach to collection, documentation, and use of forensic evidence of sexual violence. This training is also intended to be broadly applicable without providing in-depth information on special considerations for particularly vulnerable groups (such as children and adolescents). **It is very important to note that this training alone is not sufficient to care for child survivors.**

PHR's multisectoral training on the collection, documentation, and use of forensic evidence of sexual violence aspires to:

1. build the capacity of national professionals; and
2. develop greater multisectoral collaboration among those professionals, all toward the overarching goal of achieving justice for survivors.

More specifically, the training seeks to improve the collection, documentation, preservation, use, reporting, and transfer of forensic evidence in cases of sexual violence within and between medical, law enforcement, and legal sectors.

Topics covered in the training include the importance of the multisectoral response to sexual violence, medical evaluations and interviewing techniques, forensic evidence collection, and the presentation of evidence in trial, among other topics. The training is highly interactive and experiential with a focus on skill-building exercises and multisectoral learning. You will participate in modules related to both your own profession and complimentary sectors that provide hands-on experiences that can be immediately applied to your professional practice. This approach emphasizes the importance of an effective multisectoral response and interoperability among sectors.

This training equips you to work as a first responder in a multisectoral and survivor-centered process to collect, document, use, analyze, preserve, and transfer forensic evidence of sexual violence to support prosecution of these crimes.

NOTE that this is not equivalent to the training required to be a certified forensic expert. This training is not a replacement for medical specialization in these areas and further training is required for working with special populations (for example children).

At the end of this training, you will:

- Have enhanced technical skills and capacities to collect, document, use, analyze, preserve, and transfer forensic evidence of sexual violence;
- Understand the roles and responsibilities of each sector in the medicolegal process to support survivors of sexual violence;
- Use a survivor-centered approach to ensure that survivors of sexual and gender-based violence remain at the center of the medical-legal response; and,
- Have cultivated networks of collaboration among medicolegal professionals (and other allied stakeholders) to use medical forensic documentation and investigations to corroborate allegations of human rights violations that enhance survivors' ability to access justice.

Intended Audience

The training targets multisectoral groups of medical, legal, and law enforcement professionals engaged in the medicolegal response to survivors of sexual violence. This training curriculum is designed to develop the skills of front-line first responders who are interacting directly with survivors of sexual violence.

This curriculum is designed to be used to train professionals who are working to support survivors of sexual violence in a particular community, as the materials are designed to provide participants in the training with the skills needed to collaborate as multisectoral groups of professionals. The training should include doctors, nurses, mental health professionals, police officers, forensic laboratory analysts, investigators, survivor advocates, lawyers, magistrates, and judges working together to support survivors of sexual violence in the same geographic location.

Training Modules

Note: *It is important that the content of these training modules, as outlined in the sections below, must be adapted to the context in which the training is being delivered. The medicolegal response is different in each community and country context due a variety of factors including different legal frameworks, medical systems, resource availability, history of conflict-related sexual violence, barriers to accessing justice, and cultures.*

Only after the curriculum has considered these context-specific considerations and adapted accordingly will the training be fully relevant and applicable for multisectoral actors to apply the lessons learned in this training to their daily professional work.

0. **Introduction.**
   This module offers an introduction to the organization convening the training, the training team, and the participants. This module is also used to establish the ground rules for the training.

1. **Introduction to Sexual Violence and Conflict-Related Sexual Violence**.
   This module offers an overview of sexual violence, including definitions, global prevalence, myths, risks, causes, and contributing factors as well as medical and psycho-social consequences at the individual, family, and community levels. It also discusses the contextual factors of sexual violence in times of conflict and the pursuit of justice.

2. **Survivor-centered Approach to Responding to Sexual Violence.**
   This module focuses on the survivor-centered approach to care including the principles of a trauma-informed approach, understanding special considerations for working with vulnerable populations including men and boys, creating safe environments, and informed consent. This module reviews the four UN Guiding Principles of response to sexual violence and the key elements for delivering a survivor-centered approach to care and justice.
   NOTE: This curriculum does not provide specific training on how to respond to sexual violence committed against children. Further advanced training is needed before caring for child survivors of sexual violence.

3. **Sexual Violence in National and International Law.**
   This module presents an overview of national and international laws that address sexual violence, outlines the legal obligations for each sector under national law, and introduces the importance of forensic evidence.

4. **Multisectoral Response to Sexual Violence.**
   This module explores the respective roles of the three sectors, health, legal, and law enforcement, in responding to sexual violence and discusses the goals of multisectoral collaboration and the importance of an effective community response to sexual violence.

5. **Informed Consent and Interviewing Skills.**
   This module reviews the critical skills used for interviewing survivors from the clinical and law enforcement perspective. It addresses the process for obtaining informed consent. Furthermore, it examines interview techniques and how to ask key questions. These skills will also be practiced in smaller breakout groups.

6. **Role of the Clinician and Clinical Elements of Medical Evaluations.**
   This module probes the elements of medical evaluations, including the clinician's intake of patient history, behavioral observations, and physical examination techniques, in response to sexual violence survivors who present at the health clinic or hospital. This module addresses the clinical and legal roles in sexual violence medical evaluations, identifies common injury patterns, and demonstrates effective forensic documentation techniques.

7. **Psychological Assessments.**
   This module provides an overview of the psychological impacts of sexual violence, how to identify and document them during the examination, and how to provide trauma-informed care and referral.

8. **Overview of Forensic Documentation.**
   This module introduces the medicolegal forms used to document forensic evidence of sexual violence. This module will explain the value of standardized medical certificates (and introduce context-specific standardized forms as applicable), the use of medical terms, and the process by which the form is used and transferred to police investigators. Participants will practice using the form and receive feedback from experts on the form.

9. **Evidence Collection, Documentation and Preservation.**
   This module reviews the role of the police in conducting investigations of sexual violence. This module gives an overview of systematic crime scene investigation, including the types of physical evidence that may be found at the scene, on survivors, and on perpetrators. This module also emphasizes the standards for evidence collection and preservation, maintaining the chain of custody, and taking photographs to supplement or corroborate the written documentation provided in the medical certificate.

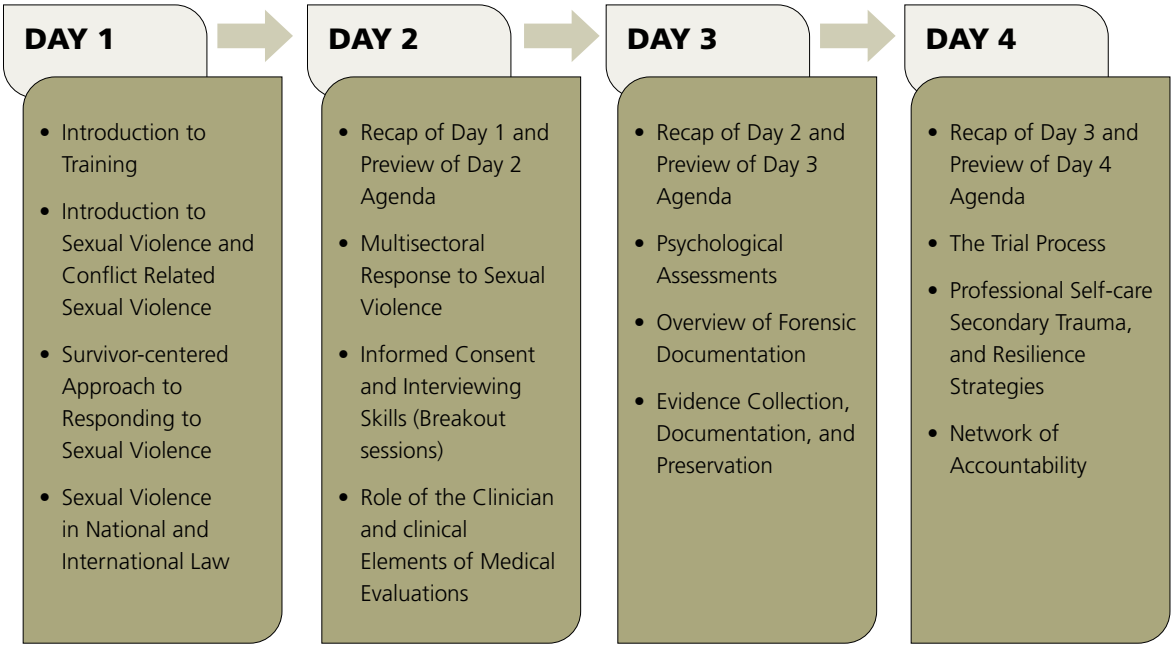
10. **The Trial Process.**
    This module reviews the role of different actors in the trial process. This session will identify what information and evidence is most useful and how to prepare to testify and share findings in court. It also reviews the challenges of securing victims and witnesses during investigations and trial processes as well as the protections available to them to support their participation.

11. **Professional Self-Care, Vicarious Trauma and Resilience Strategies.**
    This module covers the key elements of secondary trauma as experienced by professionals working regularly with survivors of sexual violence. This module reviews the common signs and symptoms of vicarious trauma and identifies strategies and tools to improve self-care. This module also details the development of personal resilience strategies and post-traumatic growth.

12. Network of Accountability.

This module is action-focused and explores the respective roles of the three sectors, health, legal, and law enforcement, in responding to sexual violence, the goals of cross-sectoral collaboration, and the importance of an effective community response. This module outlines mechanisms for developing and maintaining a sustainable network of professionals committed to improving prevention, treatment, and justice for survivors of sexual violence and encourages participants to create an action plan for ongoing collaboration.

Training Flowchart



Additional Materials

- Video: What is Informed Consent? https://phr.org/what-is-informed-consent/
  - This film provides an overview of the key steps for clinicians to follow to obtain informed consent from patients before, during, and after a forensic examination for sexual assault.
- Video: How to Obtain Meaningful Informed Consent. https://phr.org/how-to-obtain-meaningful-informed-consent/
  - This film provides an overview of the key steps for clinicians to follow to obtain informed consent from patients before, during, and after a forensic examination for sexual assault. This film is intended to be screened for clinicians.
- Video: What is Forensic Photography? https://phr.org/what-is-forensic-photography/
  - This film provides an overview of the key elements for documenting photographic evidence of sexual violence in connection with a sexual assault medical examination. This film is intended to be screened for clinicians.
- Foundational Principles for Applying the Concepts of Consent, Assent, Dissent and Evolving Individual Capacity to Ensure Trauma-informed Documentation, Justice, and Reparations Processes for Child Survivors of Sexual Violence. https://phr.org/wp-content/uploads/2024/04/Foundational-Principles_7.19.24_EN.pdf
  - These foundational principles provide key considerations for professionals to use when developing and implementing consent and assent processes for child survivors of sexual violence that respect children's right to be heard and evolving capacity within trauma-informed justice and reparation processes.

- Forensic Medical Certificate. https://phr.org/wp-content/uploads/2019/11/Forensic-Medical-Certificate.pdf
    - A standardized medical form to collect, document, and preserve court-admissible evidence of sexual violence.
- Forensic Medical Certificate: Practical Guide. https://phr.org/wp-content/uploads/2019/11/Medical-Certificate-Companion-Guide-DRC-FINAL-ENGLISH.pdf
    - This practical guide provides tips for healthcare providers who are using the forensic medical certificate to conduct a clinical evaluation of a survivor of sexual violence.
- Facts about the Hymen. https://phr.org/wp-content/uploads/2019/11/PHR-Hymen-Fact-Sheet_English-FINAL.pdf
    - This factsheet presents facts that show that the examination of the hymen is not an accurate or reliable test of sexual activity, including sexual assault.

Physicians for Human Rights

Summary: Advanced Pediatric Training - Evaluation and Care of Children and Adolescents in Cases of Sexual Violence

Overview

The advanced pediatric training is part of a series of trainings developed by Physicians for Human Rights (PHR). The aim of these training initiatives is to help end impunity and promote comprehensive justice for survivors, while also working toward the prevention of new cases of sexual violence. These training sessions are part of a global effort designed to: 1) build institutional capacity within existing health care systems; 2) enhance multisectoral cooperation and advocacy efforts on behalf of survivors; and 3) improve forensic documentation.

Throughout the world, children and adolescents are particularly vulnerable to multiple forms of violence, including sexual violence. Evaluation and care of children and adolescents who have suffered any form of violence requires a specific set of skills. They have specific mental and physical health needs, many of which can be met by clinicians specifically trained in the care and evaluation of children and adolescents.

This curriculum aims to prepare clinicians to better interview, examine, collect forensic evidence, and address physical and mental health issues in children and adolescent survivors of sexual violence. It also aims to address specific challenges in the care and assessment of child and adolescent survivors, including multisectoral collaboration.

Since PHR's training program on the evaluation and care of pediatric survivors utilizes standardized patients (patient actors), special attention should be provided to the selection, training, and preparation of standardized patients in advance of this training.

At the end of this training, you will:

- Understand children's rights and international standards, laws and national legislation related to sexual violence against children.
- Understand the principles related to informed consent, assent and dissent for children with respect to their evolving capacity.
- Learn key approaches and techniques used for interviewing child survivors of sexual violence in ways that are survivor-centered and avoid retraumatization.
- Review steps required for a comprehensive pediatric medical examination.
- Have enhanced understanding of the range of mental health and psychological presentations in child and adolescent survivors.

Intended Audience

The training targets medical and mental health professionals who care for child and adolescent survivors of sexual violence. This training curriculum is designed specifically to develop the skills of frontline first responders who are interacting directly with pediatric survivors of sexual violence and conducting forensic evaluations.

This curriculum is also designed to be used to trained professionals who are working to support survivors of sexual violence in a particular community, as the materials are designed to provide participants in the training with the skills needed to collaborate as groups of professionals.

Training Modules

Note: *It is important that the content of these training modules, as outlined in the sections below, must be adapted to the context in which the training is being delivered. The medicolegal response is different in each community and country context due a variety of factors including different legal frameworks, medical systems, resource availability, history of conflict-related sexual violence, barriers to accessing justice, and cultures.*

Only after the curriculum has considered these context-specific considerations and adapted accordingly will the training be relevant and applicable for multisectoral actors to apply the lessons learned in this training to their daily professional work.

0. **Introduction to Training**
   This module offers an introduction to the organization convening the training, the training team, and the participants. This module is also used to establish the ground rules for the training.

1. **Introduction to Sexual Violence and Conflict-Related Sexual Violence Against Children and Adolescents**
   This introductory session of the training identifies and begins to address challenges clinicians have experienced in the assessment and care of pediatric survivors of sexual violence and the challenges that exist in situations of conflict. This module also touches on the importance of the role of medical professionals examining child survivors and the role of forensic medical evaluations and evidence.

2. **What are child rights? International laws, standards and good practices that protect the rights of children**
   This module introduces children's rights as defined in international human rights law. Additionally, it introduces international laws, guidelines and standards related to sexual violence against children. Finally, it introduces key terms and good practices related to supporting child survivors.

3. **Legal Background and National Laws protecting minors from sexual violence**
   This module introduces the various domestic legal statutes applicable to sexual violence, particularly how a "child" or "minor" is defined per the national law of the country and national laws relevant to sexual violence against children and sexual violence/abuse cases. It also reviews national guidelines and standards for first responders in cases of child sexual violence and abuse as per national law.
   NOTE: This module is highly contextual and will need to be developed specifically for the location of the training in order to be most useful to the training participants.

4. **Defining Consent, Assent, and Dissent**
   This module addresses legal and ethical considerations when obtaining informed consent or assent in cases of sexual violence against children and adolescents. It also addresses the importance of respecting dissent expressed by children and considering children's evolving capacity when developing processes for obtaining informed consent and assent.

5. **Mental Health of Child Survivors**
   This module provides an overview of the psychological impacts of sexual violence on children, particularly describing the manifestations of trauma in children based on different chronological, emotional, and developmental stages. It also includes guidance on how to identify and document trauma during examinations how to provide trauma-informed care, and making referrals. In addition, it covers use of standardized tools for assessing trauma, Post Traumatic Stress Disorder (PTSD), depression, and anxiety in children.

6. **Interviewing Child and Adolescent Survivors of Sexual Violence**
   This module examines key techniques used for interviewing child survivors, including preparing the physical space, principles of child interviews, and behavioral observations during interviews. The discussion will identify different approaches for interviewing children of various ages as compared to adults. It examines interview techniques and how to ask key questions, including non-suggestive questioning techniques. It also discusses factors that can influence disclosure and how to interpret children's statements.

7. **Physical Exam and Forensic Evidence Collection**
   This module introduces the elements of medical evaluations, including preparation before the exam, the clinician's intake of patient history, behavioral observations, and physical examination techniques for sexual violence survivors. This module addresses the therapeutic value of the forensic exam and the principles of physical exam based on a child's age and developmental stage. It also reviews examination techniques, including head-to-toe examination for male and female bodies, collecting forensic evidence, and testing needs. Finally, this module introduces the medicolegal forms used to document forensic evidence of sexual violence. This module will explain the value of standardized medical certificates (and introduce context-specific standardized forms as applicable), the use of medical terms, and the process by which the form is used and transferred to police investigators.

8. **Standardized Patient Practical Exercise**
   This module is practical and focuses on rotating between three cases with standardized patients to provide participants with an opportunity to practice using the tools and approaches covered in the modules in interviewing and using standardized forms with patients. Feedback will be provided to participants after each interview/examination.

Child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.
Photo: Physicians for Human Rights

Additional Materials

- Video: What is Informed Consent. https://phr.org/what-is-informed-consent/
  - This film provides an overview of the key steps for clinicians to follow in order to obtain informed consent from patients before, during, and after a forensic examination for sexual assault.
- Video: How to Obtain Meaningful Informed Consent. https://phr.org/how-to-obtain-meaningful-informed-consent/
  - This film provides an overview of the key steps for clinicians to follow in order to obtain informed consent from patients before, during, and after a forensic examination for sexual assault. This film is intended to be screened for clinicians.
- Video: What is Forensic Photography? https://phr.org/what-is-forensic-photography/
  - This film provides an overview of the key elements for documenting photographic evidence of sexual violence in connection with a sexual assault medical examination. This film is intended to be screened for clinicians.
- Foundational Principles for Applying the Concepts of Consent, Assent, Dissent and Evolving Individual Capacity to Ensure Trauma-informed Documentation, Justice, and Reparations Processes for Child Survivors of Sexual Violence. https://phr.org/wp-content/uploads/2024/04/Foundational-Principles_7.19.24_EN.pdf
  - These foundational principles provide key considerations for professionals to use when developing and implementing consent and assent processes for child survivors of sexual violence that respect children's right to be heard and evolving capacity within trauma-informed justice and reparation processes.
- Forensic Medical Certificate. https://phr.org/wp-content/uploads/2019/11/Forensic-Medical-Certificate.pdf
  - A standardized medical form to collect, document, and preserve court-admissible evidence of sexual violence.
- Forensic Medical Certificate: Practical Guide. https://phr.org/wp-content/uploads/2019/11/Medical-Certificate-Companion-Guide-DRC-FINAL-ENGLISH.pdf
  - This practical guide provides tips for healthcare providers who are using the forensic medical certificate to conduct a clinical evaluation of a survivor of sexual violence.
- Facts about the Hymen. https://phr.org/wp-content/uploads/2019/11/PHR-Hymen-Fact-Sheet_English-FINAL.pdf
  - This factsheet presents facts that show that the examination of the hymen is not an accurate or reliable test of sexual activity, including sexual assault.

Physicians for Human Rights

Section Three: Practical Approaches

Introduction

Section three introduces examples of selected practical approaches for survivor-centered and trauma-informed documentation of sexual violence against children. Section three is not exhaustive but provides examples of good practices, approaches, and techniques for working with child survivors drawn from a variety of contexts that areuseful at different points along the documentation and justice pathway. For example, this section provides an overview of best practices for creating child-centered spaces in humanitarian settings, the use of play therapy to collect child testimonies and tools to support the survivor and witness testimony.

Section three has the following objective:

- **Objective one:** *Provide an overview of some child-centered, survivor-centered, and trauma-informed approaches that can improve the documentation and justice pathway for child survivors of sexual violence.*

After Reviewing Section Three

Upon reviewing section three, you will have a better understanding of some child-centered, survivor-centered and trauma-informed approaches for working with child survivors of sexual violence. You will learn about these approaches as well as learn tips and practical steps towards implementing these approaches in their contexts and localities.

Section Two: Practical Approaches

In this Section:

- Introduction to practical child-centered approaches
- Tips and guidance on creating child-friendly spaces, interviewing and recording testimony of child survivors, and using a standardized medical certificate.

Who should review this Section?

- Child-centered approaches and the creation of child-friendly spaces are useful to all multisectoral actors who work with child survivors. Information related to interviewing children is relevant to those actors who work directly with children and may need to understand and record a child survivor's experiences and testimony. Medical providers and clinicians should review the content related to standardized medical certificates.

CHILD-CENTERED DOCUMENTATION TOOLKIT

Physicians for Human Rights

Guidance on Creating Child-friendly Space for Forensic Documentation and Interviewing in Multisectoral Settings as part of Physicians for Human Rights (PHR) work on sexual violence in conflict zones

Child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.
Photo: Physicians for Human Rights

Objective:

This document outlines the key considerations and principles for developing a child-friendly space for forensic documentation and interviewing in a multisectoral setting. This may be a health center, a police station, a court or judicial setting, or a setting that includes actors from these different sectors working together. The document is meant to be practical and provide operational guidance for developing a child-friendly space based on existing guidance and toolkits and will be updated as additional guidance and resources are identified.

What Constitutes a Child-friendly Space: Purpose and Definitions

A child-friendly space is a safe, predictable, and stimulating place where a child can play, get support and be at ease. A child is defined in the UN Convention on the Rights of the Child as anyone under 18 years old.[1] Child-friendly spaces are often created for children experiencing humanitarian emergencies or displacement but can also be set up in non-emergency settings. Such spaces may be set up in distinct ways to reflect the context within which they are built. However, all child-friendly spaces must be accessible to children of different ages, genders, ethnicities, and abilities.[2] When possible and appropriate, child-friendly spaces should build on existing structures and capacities that exist within a community and be done in collaboration with the community and other organizations in a participatory manner.[3]

Child-friendly spaces can offer predictability, stability, and safety. Stability, the ability to play, and the presence of a consistent, trusted adult are very important to curtailing psychological distress and long-term trauma impacts.[4]

A child-friendly space should aim to offer the following while being adapted based on context and purpose:

- A secure and safe environment for children that is also stimulating and supportive[5] (This could include fun activities, informal learning opportunities, and a chance to express feelings through creative play).
- Integrated services and programming that are inclusive and non-discriminatory.[6]
- A space where children can seek, share and obtain information, and gain knowledge and skills in a non-judgmental and safe manner.[7]
- A space to access gender-based violence response services and other related services (which may include health, water, sanitation, and hygiene (WASH), education on sexual and reproductive health among others)[8]
- A space to develop peer-to-peer networks for support and psychosocial well-being.[9]
- A structured place offering an entry point to report protection concerns and voice needs, and free from harassment.[10]
- A space for parents/guardians to also access services for their children and identify their child's needs and available resources.[11]

In addition to these goals, child-friendly spaces can serve as a critical focal point for providers to identify and refer children in need of further services and support. A child-friendly space may also offer an opportunity for parents and guardians to access information and resources to support their children or be paired with services for parents and guardians.

Staffing for child-friendly spaces may vary based on context but usually consists of those tasked with the management of the space, facilitators for the activities and services provided in the space, and community mobilizers who conduct outreach to promote usage of the space.[12] In selecting staff, it is recommended that the age and gender of staff, their experience and professional training working with children of different ages, and their familiarity with the context and the community all be taken into consideration.[13]

A child-friendly space for children who have experienced sexual violence should pay particular attention to multisectoral/interagency collaboration.[14] These spaces for children who have experienced sexual violence are more likely to involve a wider variety of actors and may be located within institutions or facilities (health centers, police stations, courts, prosecutors, and others). Ideally, whenever a child interacts with a practitioner, this

Jacqueline Muyisa, psychologist with HEAL Africa, speaks with a child in the child-friendly space at Bulengo IDP camp, North Kivu, DRC, May 2024.

Photo: Physicians for Human Rights

interaction should occur in a child-friendly space.[15] In some instances, the child-friendly space may constitute an entire facility, with multiple agencies and practitioners working together in a multi-disciplinary team in the same physical space. Nevertheless, it may also be represented by a clear referral pathway with multisectoral collaboration and child-friendly or child-sensitive spaces at all points along the way.

How Can Such a Space Be Structured to Allow Trauma-Informed Interviewing of Child Survivors of Sexual Violence: Key Guidance

Based on the guidance documents and literature reviewed, these are key elements that should be considered when developing a child-friendly space for forensic documentation and interviewing. This guidance seeks to address the problems that currently limit interviewing of children in many contexts including lack of space to ensure children's privacy, dignity and autonomy, and limited access to health care and justice actors.

[1] **The space must be safe, private and comfortable**.[16]

- Ensure that the space is sufficiently private. This includes considering if the survivor will be hearing comments, conversations and others from the general intake area and try to mitigate this if possible.
- Consider if whatever is done inside the space may be heard outside or in the general intake area and take steps to mitigate this.
- Install the space in a location that does not put survivors at risk for disclosure of their identities by others in the community or pose other physical safety risks for survivors when accessing the space
- If possible, consider co-locating the space in an area where other services are provided to ensure the anonymity of those entering the space while respecting privacy.
- Set up the space with elements (toys, drawing supplies, art, and child-friendly furniture or chairs and others) that make the child feel comfortable and safe.
- Ensure that the survivor and the interviewer are seated at the same height.

[2] **Prioritize rapport building with staff/interviewer and ensure interviewees can take breaks throughout the interview.**

- Ensure the survivor is given sufficient time to build rapport with staff and for their interview. The survivor should guide the interview and if they need to stop or take a break, it may be best to offer a second interview. If multiple interviews are scheduled, a follow-up plan should be set up.

- This means that there is a limit to the number of survivors that can be seen in one day and the configuration of the space.
- Consider the importance of staff gender and age in the ability to build rapport - also include community members if possible/appropriate to facilitate rapport building in the child-friendly space overall.

[3] **The space must be large enough to accommodate multiple people comfortably** including the person conducting the interview/evaluation, survivor, trusted adult (dependent on local laws), and interpreter (if needed).
- Remember that it is important to limit the number of people interacting with a child survivor during the documentation process.
- The inclusion of a trusted adult (for example, a parent/guardian) is required by Congolese law for the purposes of consent. In addition to consent from the adult, it is necessary to receive assent from the child victim in a way that is appropriate depending on the age of the child, their stage of development, and the nature of their relationship with the adult.
- Foundational principles for receiving informed consent and assent from both children and their responsible adults with consideration to evolving capacity should be considered and integrated into consent processes. Foundational principles can be found here.

[4] **Ensure inclusivity and accessibility to the space, this includes considering the infrastructure surrounding the space**
- Ensure safe toilets and access to water are close by.
- Ensure the space is accessible for individuals with disabilities, including children, trusted adults who may accompany them, and service providers.

Jean Bosco, a psychologist, talks to a young boy in a child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.

Photo: Physicians for Human Rights

- Avoid stigmatizing signs outside or leading to the space to ensure that survivors feel comfortable accessing the space, including male survivors.
- Design child-friendly spaces in collaboration with local community members to ensure the needs of commonly missed groups are met.
- Employ staff of different genders and ages whenever possible.

[5] In determining the **hours of operation,** think about **the times when the space will be open aligns with when survivors will be available to use the space.**
- Consider other spaces where children may be engaged (school, caregiving responsibilities, support to family) and how the child-friendly space can be open at a time that does not conflict with these responsibilities.
- Though there will be timing constraints based on the availability of professionals and staff, there should be regular assessments to determine whether the timings align with the survivors' needs.

[6] **Training for staff on how to document forensic evidence in child populations is critical.**
- The training should include the non-suggestive questioning technique (such as those outlined in the NICHD (National Institute for Child Health and Development) protocol), survivor-centered care, informed consent and assent, and forensic documentation.
- The training should also include a safeguarding policy and procedures for documenting feedback about the experience of using the space, among others.
- All staff should be oriented to the safeguarding policy, and the best practice is having systems for oversight as well as confidential complaints mechanism in place.
- To increase uptake of the child-friendly space, it is important to think about the engagement of the community and what training could be provided to community leaders to facilitate forensic documentation.
- Materials should be provided to staff working in the space that reinforces the principles of standardized documentation and trauma-informed care. This could include copies of the interview protocol to be used, the standardized medicolegal certificate, the safeguarding policy, and any other tools that help professionals reference key approaches.

[7] **Information management systems are critical** for cases seen in the child-friendly space, interviews conducted, and referrals made.
- Information should be securely collected and stored. Remember to store data in a way that will not compromise the chain of custody.
- Integrate case identification and referral tracking into this system using standard practices adopted already by actors.

Additional Resources:

- International Federation of the Red Cross and Red Crescent Societies. World Vision. *Operational Guidance for Child Friendly Spaces in Humanitarian Settings*. 2018. https://pscentre.org/?resource=operational-guidance-for-child-friendly-spaces-in-humanitarian-settings&selected=single-resource
- Save the Children. *Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff.* 2008. https://resourcecentre.savethechildren.net/document/child-friendly-spaces-emergencies-handbook-save-children-staff/
- UN High Commissioner for Refugees. *Minimum Standards for Child Protection in Humanitarian Action (CPMS)*. 2016. https://reliefweb.int/report/world/summary-minimum-standards-child-protection-humanitarian-action?gclid=CjwKCAjw2K6lBhBXEiwA5RjtCRSOyn-xNW7jhT7Qb84CYSCZmJdwldZ6fGkG9mKUGgLCxbW8V8L-ixoCOmoQAvD_BwE
- Save the Children. *Adolescent Girl Friendly Spaces: Guidance* https://resourcecentre.savethechildren.net/pdf/Girl-Friendly-Spaces_Toolkit.pdf/

- Save the Children. *Adolescent Friendly Spaces: Guidance and Standards*. 2021. https://resourcecentre.savethechildren.net/pdf/Adolescent-Friendly-Spaces-Guidance-English.pdf/
- Office of the High Commissioner for Human Rights. *Istanbul Protocol*. 2022. https://www.ohchr.org/sites/default/files/documents/publications/2022-06-29/Istanbul-Protocol_Rev2_EN.pdf
- *International Protocol on the Documentation and Investigation of Sexual Violence in Conflict*. 2017 https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/international-protocol-on-the-documentation-and-investigation-of-sexual-violence-in-conflict/International_Protocol_2017_2nd_Edition.pdf
- UNICEF. A *Practical Guide for Developing Child Friendly Spaces*. 2009. https://reliefweb.int/report/world/practical-guide-developing-child-friendly-spaces

Citations

1 "Convention on the Rights of the Child," United Nations.

2 Plan International, "Child-Friendly Spaces in Emergencies"; World Vision Canada, "What's a Child-Friendly Space?"

3 "Operational Guidance for Child Friendly Spaces in Humanitarian Settings - Psychosocial Support IFRC."

4 Sisk and Gee, "Stress and Adolescence."

5 "Operational Guidance for Child Friendly Spaces in Humanitarian Settings - Psychosocial Support IFRC."

6 Ibid.

7 Digital, "Adolescent Girl Friendly Spaces Toolkit"; Digital, "Adolescent Friendly Spaces."

8 Digital, "Adolescent Girl Friendly Spaces Toolkit"; Digital, "Adolescent Friendly Spaces."

9 Digital, "Adolescent Girl Friendly Spaces Toolkit"; Digital, "Adolescent Friendly Spaces."

10 Digital, "Adolescent Girl Friendly Spaces Toolkit"; Digital, "Adolescent Friendly Spaces."

11 Digital, "Child Friendly Spaces in Emergencies"; "A Practical Guide for Developing Child Friendly Spaces - World | ReliefWeb."

12 "Operational Guidance for Child Friendly Spaces in Humanitarian Settings - Psychosocial Support IFRC."

13 Ibid.; Digital, "Adolescent Friendly Spaces"; Digital, "Child Friendly Spaces in Emergencies."

14 UNFPA, "Women & Girls Safe Space: A Guidance Note Based on Lessons Learned from the Syrian Crisis."

15 Srinath et al., "Clinical Practice Guidelines for Assessment of Children and Adolescents,"; "Developing Rapport with Children in Forensic Interviews: Systematic Review of Experimental Research - Saywitz - 2015 - Behavioral Sciences & the Law - Wiley Online Library."

16 "Istanbul Protocol." OHCHR

References:

"A Practical Guide for Developing Child Friendly Spaces - World | ReliefWeb," March 23, 2009. https://reliefweb.int/report/world/practical-guide-developing-child-friendly-spaces.

"Developing Rapport with Children in Forensic Interviews: Systematic Review of Experimental Research - Saywitz - 2015 - Behavioral Sciences & the Law - Wiley Online Library." Accessed September 12, 2023. https://onlinelibrary.wiley.com/doi/abs/10.1002/bsl.2186.

Digital, Swace. "Adolescent Friendly Spaces: Guidance and Standards." *Save the Children's Resource Centre*. Accessed June 15, 2023. https://resourcecentre.savethechildren.net/pdf/adolescent_friendly_spaces_-_guidance_and_standards.pdf/.

———. "Adolescent Girl Friendly Spaces Toolkit." *Save the Children's Resource Centre*. Accessed June 15, 2023. https://resourcecentre.savethechildren.net/pdf/Girl-Friendly-Spaces_Toolkit.pdf/.

———. "Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff." *Save the Children's Resource Centre*. Accessed June 15, 2023. https://resourcecentre.savethechildren.net/document/child-friendly-spaces-emergencies-handbook-save-children-staff/.

OHCHR. "Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022 Edition)," 2022. https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0.

"Operational Guidance for Child Friendly Spaces in Humanitarian Settings - Psychosocial Support IFRC," November 23, 2018. https://pscentre.org/?resource=operational-guidance-for-child-friendly-spaces-in-humanitarian-settings.

Plan International. "Child-Friendly Spaces in Emergencies." Accessed June 15, 2023. https://plan-international.org/emergencies/child-friendly-spaces/.

Sisk, Lucinda M., and Dylan G. Gee. "Stress and Adolescence: Vulnerability and Opportunity during a Sensitive Window of Development." *Current Opinion in Psychology* 44 (April 2022): 286–92. doi:10.1016/j.copsyc.2021.10.005.

Srinath, Shoba, Preeti Jacob, Eesha Sharma, and Anita Gautam. "Clinical Practice Guidelines for Assessment of Children and Adolescents." *Indian Journal of Psychiatry* 61, no. Suppl 2 (January 2019): 158–75. doi:10.4103/psychiatry.IndianJPsychiatry_580_18.

UNFPA. "Women & Girls Safe Space: A Guidance Note Based on Lessons Learned from the Syrian Crisis," March 2015. https://www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf.

United Nations. "Convention on the Rights of the Child," November 1989. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child.

World Vision Canada. "What's a Child-Friendly Space?," June 14, 2021. https://www.worldvision.ca/stories/disaster-relief/whats-a-child-friendly-space.

Physicians for Human Rights

Fact Sheet: Using Play Therapy to Support Healing and Documentation with Child Survivors[1]

Play therapy has emerged as a valuable tool in supporting the healing and documentation process for child survivors of trauma, particularly in cases of sexual violence. Play, a natural and universal form of communication for children, allows them to express themselves, develop critical thinking, and cope with difficult emotions in ways that are developmentally appropriate. By engaging children in therapeutic play, professionals can create a safe space for them to explore their feelings, process traumatic experiences, and communicate in non-verbal ways. This fact sheet outlines the benefits of play therapy, its application in justice and documentation processes, and the steps necessary to implement it effectively. Through play, children who may struggle with verbal expression can find alternative ways to share their experiences, offering an essential method of evidence collection while promoting emotional healing.

Play therapy offers a child-centered approach that leverages the natural inclination of children to use play as a means of communication, helping them process complex emotions and experiences that they may struggle to verbalize.

What is Play Therapy?

Play therapy has its roots in play itself. Play is a freely chosen, individually directed activity that is undertaken for its own sake rather than for any reward. It is creative, conducted with an active, alert frame of mind, and usually structured by individually made rules.[2]

Child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.
Photo: Physicians for Human Rights

Since play is intrinsically motivated, freely chosen, and individually directed, it is a vector for discovery, learning to take initiative, negotiate and problem solve. Considering that it is usually guided by some form of normative framework, it allows children to develop boundaries, structure, and self-control. These are vital for cognitive development.[3]

Play is universal and for children; it helps them to communicate, learn new skills and practice old skills, learn self-control, develop creative thinking, express feelings, experiment, build self-confidence, problem solve, and tackle developmental challenges.[4]

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning process of children.[5] Play therapy is based on the observation that the use of toys and play with children can help to build relationships between children and therapists, give children a way to express their thoughts and feelings, and provide insight into children's unconscious.[6] Play therapy also seeks to harness the positives of play, which are to soothe and to enhance emotional literacy and coping for children.[7]

Children do not manifest or express distress in the same way that adults do, but procedures for documentation and justice processes frequently call for them to provide information in the way that would be expected of an adult, such as providing verbal testimony. For a child, non-verbal communication is integral, and play can become a language of expression that allows for sharing.[8]

What does this look like in practice?

Some general requirements to implement play therapy effectively include:

- A dedicated, private space,
- A trained therapist who can spend the time over multiple sessions to build a relationship where the child feels accepted and permitted to freely express themselves.[9]
- Ideally, toys and games; several different types of games are available, such as board games, arts and crafts, puppets, and sand trays, to name a few examples. These materials should be selected to be context specific.

Once the proper environment for play therapy sessions has been established, the sessions can generally proceed with the following steps:

1) **Informed Consent and Assent:** The first step of any therapy or documentation session is to receive informed consent from the responsible adult and informed assent from the child. Reference the foundational principles for more detail on how to structure these processes.

2) **Assessment:** Like other forms of therapy, play therapy always starts with an assessment, which is done through communicating with and observing the child. There should be an assessment of both how the child presents subjectively and objectively.
   a. Subjective findings: How they describe their own mood (if they are able)
   b. Objective findings: Their appearance, behavior, facial expressions, and use of words among others
      - Do they interact with you? For example, greet you, engage with you, make eye contact?
      - Is their level of interaction age-appropriate? How are their language skills?
      - What is their affect? Do they appear scared, happy, or shut down?
      - What toys do they pick? How do they use these toys? How do they use the space around them to play?

3) **Non-Directed Play:** Play therapy is typically non-directive, meaning the child takes the lead and chooses an activity. A lot can be learned from their choice of a toy or game.[10] For example, aggressive toys (hammers, toy soldiers) are frequently used to express anger or explore power and control. Expressive toys, such as arts and crafts (crayons, paint, paper and scissors, mirrors) may be used to express something that happened and their feelings about it. Mastery toys, such as blocks and puzzles, can help children explore their self, self-confidence and self-esteem.

Children play with toys at a child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.

Photo: Physicians for Human Rights

A great deal can also be learned about a child's emotional state from how they use their toys.[11] They might fiddle repetitively or pound modelling clay because they are anxious; this is called 'expressive' play through energy release and expression of emotion. They might also express their emotions through dramatic play by acting out or dramatizing real-life situations. Some children are too angry/fearful to act out their feelings and may instead choose to express situations by drawing or painting them or by creating a figure out of putty; this is called creative' play.

When engaging in play therapy, the therapist should make a point to observe the following factors as the child is engaging in non-directed play[12]:

- How does the child enter the playroom?
- How does the child greet you when you arrive at the playroom?
- How does the child interact with you?
- How does the child engage you?
- How does the child interact with the play materials?
- Is the child capable of making choices, setting goals, and making plans (watch for developmental delays)?
- How does the child manage the play space?
- What are the energy levels of the child?
- What are the child's language skills?
- What is the child's mood and effect?
- What is the child's level of creativity?
- Is the child's play age appropriate?
- How does the child respond to limited settings and closing rituals?

4) **Directive Play and Non-Suggestive Questioning:** As the child becomes more comfortable through non-directed play, the therapist may then decide to introduce more directive play or engage in non-suggestive questioning while the child is playing. In directed play therapy, the therapist will suggest a particular activity for the child, such as a game, arts and crafts, or using puppets to discuss topics using non-suggesting questioning techniques.

   When engaging in non-suggestive questioning, use short non-leading, and open-ended questions that trigger recall memory. This will allow the child to decide what to focus on and will avoid the introduction of any information the child has not mentioned. Care is needed to not lead the child by showing them approval or disapproval when they do or say certain things or to push them too hard or too fast, as this can instill anxiety and curtail healing. A good practice is to reflect back to the child using their own words. Say exactly what they said without expanding, amending, or asking questions. Then wait for the child. Often, the child continues their line of thought/speech. Observing non-verbal communication is essential. For example, try to comment to show we have noticed what a child is doing. "You're moving around", "you are pulling your jeans". Often, by just describing your observation and letting it sit, the child will explain their behavior.

Why is Play Therapy important for documentation and justice processes?

In the context of supporting trauma-informed documentation and justice pathways for child survivors of sexual violence, play therapy has two important uses: (1) to help survivors process their trauma and (2) to support documentation and evidence collection.

Research has shown that play therapy allows children to work through or process their unique, individual reactions to traumatic experiences through an empathic therapeutic relationship with a skilled play therapist.[13] It has also been shown to enhance children's ability to express themselves and cope with their feelings. This is particularly important for very young children, who have more limited verbal and written communication and therefore, can use play as a language to express their thoughts and feelings.

For children who have experienced sexual violence, play might be used, in addition to other types of therapy, as a tool for evidence gathering. However, this is generally only achieved after numerous foundational play therapy sessions.

Play as evidence collection is particularly important for younger children (under the age of six) or those who have communication impairments or autism spectrum disorders. Sadly, these groups have an increased risk of experiencing violence but a reduced likelihood of it being identified or reported. Recognizing that communication is a two-way street and a child's communicative competence is very dependent on an adult's competence, many governmental and non-governmental organizations are incorporating play into their evidence collection.

Citations

1 Developed with support from Emily Kiragu, Youth Friendly MoH—Naivasha CRH and Dr. Jessica Lee

2 Peter Gray Ph.D., "What Is Play?"

3 Ginsburg, and the Committee on Communications, and and the Committee on Psychosocial Aspects of Child and Family Health, "The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds."

4 Ibid.; Plan International and Clowns Without Borders Sweden, "Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings."

5 Koukourikos et al., "An Overview of Play Therapy."

6 Ibid.; Association for Play Therapy, "Play Therapy Makes a Difference."

7 Association for Play Therapy, "Play Therapy Makes a Difference"; Landreth, "Child-Centered Play Therapy."

8 Chauhan et al., "Play Therapy"; Association for Play Therapy, "Play Therapy Makes a Difference."

9 Plan International and Clowns Without Borders Sweden, "Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings"; Ibharim et al., "The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse."

10 Koukourikos et al., "An Overview of Play Therapy"; Lawver and Blankenship, "Play Therapy."

11 Ibharim et al., "The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse."

12 Ibid.

13 Ibid.

References:

Association for Play Therapy. "Play Therapy Makes a Difference." *Association for Play Therapy*. Accessed September 30, 2024. https://www.a4pt.org/page/PTMakesADifference.

Chauhan, Nidhi, Diksha Sachdeva, Savita Malhotra, and Nitin Gupta. "Play Therapy: An Analytical Mode of Therapy in Children." *Journal of Indian Association for Child and Adolescent Mental Health* 20, no. 2 (April 1, 2024): 136–46. doi:10.1177/09731342241238524.

Ginsburg, Kenneth R., and the Committee on Communications, and the Committee on Psychosocial Aspects of Child and Family Health. "The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds." *Pediatrics* 119, no. 1 (January 1, 2007): 182–91. doi:10.1542/peds.2006-2697.

Ibharim, Nur Shakila, Wan Mohamed Ridzwan Wan Ismail, Nurul Iman Abdul Jalil, and Anisah Zainab Musa. "The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse." *International Journal of Academic Research in Business and Social Sciences* 13, no. 8 (August 16, 2023): 956–73.

Koukourikos, Konstantinos, Areti Tsaloglidou, Laila Tzeha, Christos Iliadis, Aikaterini Frantzana, Aristi Katsimbeli, and Lambrini Kourkouta. "An Overview of Play Therapy." *Materia Socio-Medica* 33, no. 4 (December 2021): 293–97. doi:10.5455/msm.2021.33.293-297.

Landreth, Garry L. "Child-Centered Play Therapy." In *Play Therapy*, 4th ed. Routledge, 2023.

Lawver, Timothy, and Kelly Blankenship. "Play Therapy." Psychiatry (Edgmont) 5, no. 10 (October 2008): 24–28.

Peter Gray Ph.D. "What Is Play? How Children Define It." *Psychology Today*, May 15, 2022. https://www.psychologytoday.com/us/blog/freedom-to-learn/202205/what-is-play-how-children-define-it.

Plan International and Clowns Without Borders Sweden. "Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings," August 202AD. https://plan-international.org/uploads/2022/11/GLO-Laughter-and-Play-Manual-highres-IO-Final-Eng-July20.pdf.

Physicians for Human Rights

PHR's ViVoMo Voice Modification System

Overview

ViVoMo is a voice modification system developed by Physicians for Human Rights (PHR) that empowers and protects survivors and witnesses of sexual violence by allowing them to testify without being identified by the defendants, witnesses, or members of the public.

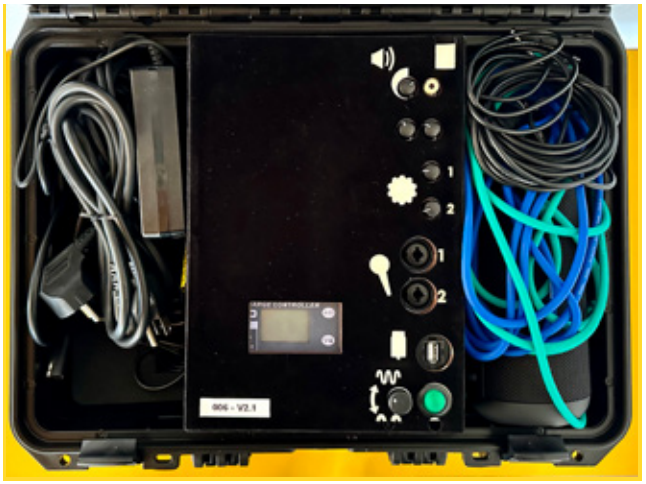
Protection

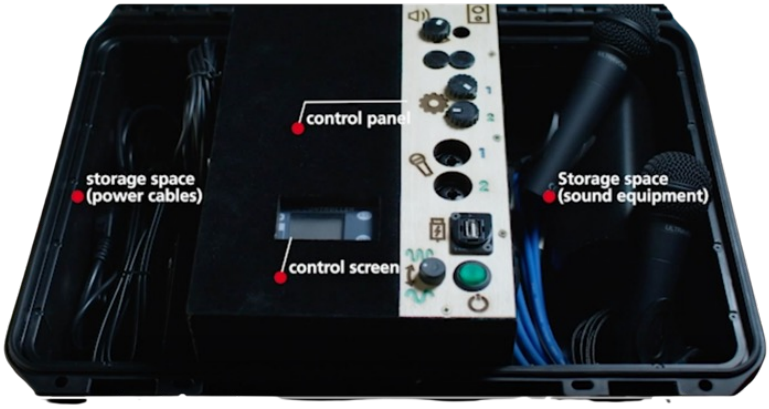
ViVoMo can serve as a complement to other protective measures, such as deposition booths that conceal a survivor's or witness's identity, offering speakers the possibility to render their voice unrecognizable while still being audible. This assurance of anonymity can reduce the barriers to speaking freely that victims and witnesses face due to fear of retaliation, stigmatization, or additional traumatization from having to recount the assault. ViVoMo encourages those who carry the burdens of sexual

Technology

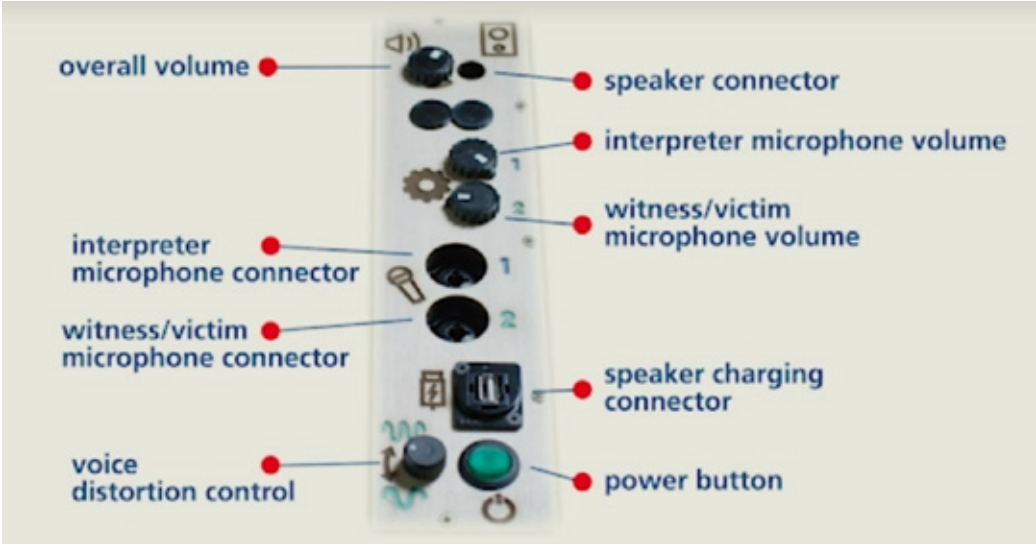
ViVoMo consists of a battery-powered amplification system, a wireless microphone, and a corded vocal modifier. All charging and connection cables are included. ViVoMo is designed for use in courtrooms small and large, as well as remote locations where a reliable electricity source may not be available. Highly portable, ViVoMo is equipped with rechargeable batteries and can be used while recharging. Its portability and built-in power source are crucial features in the context of access to justice in post-conflict and/or rural areas.

ViVoMo is suitable for use by people of all sexes and ages. Depending on the vocal profile of the survivor or witness, ViVoMo can make the tone of a voice deep or acute using a bypass filter system. ViVoMo can be used both in protection mode and public mode simultaneously with a victim or witness speaking into the vocal modifier while an interpreter uses the unfiltered microphone.

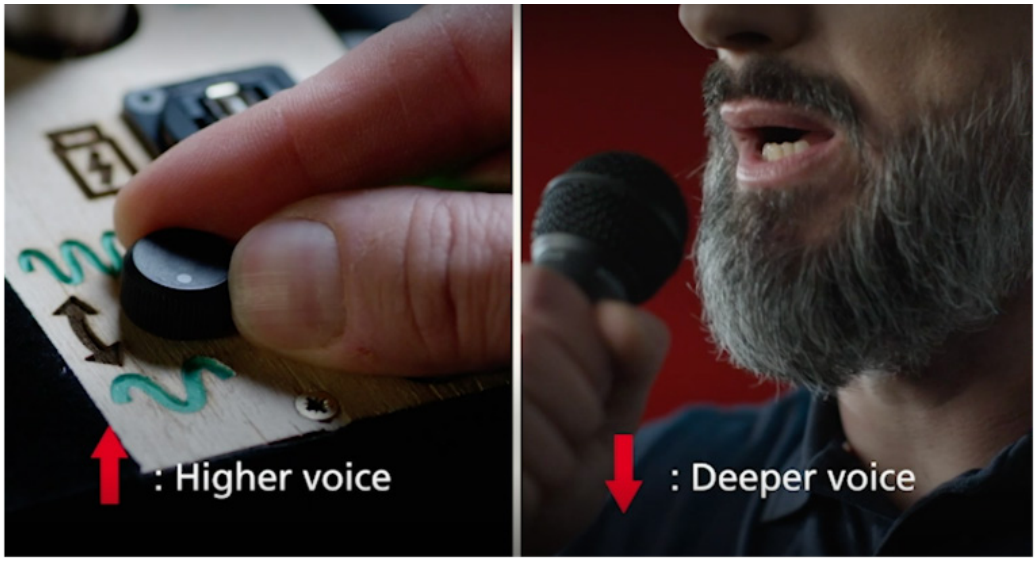




Amplification



Modification



Physicians for Human Rights

Section Four: Case Studies

Introduction

Section four presents example case studies. In these case studies we see how the concepts, approaches, and tools discussed in sections one to three are applied in real world examples. The goal of these case studies is to assist you review the Child-Centered Documentation Toolkit to make direct links between the content of the sections and practical examples. The case studies are also further intended for you to make direct connections to your own experiences and local contexts with the broader goal of prompting you to start thinking about incorporating knowledge and skills of the Child-Centered Documentation Toolkit into your own practices. Reviewing sections one to three prior to reviewing section four will provide you with a richer learning experience, though, you are welcome to review this section independently.

Each case study will highlight different examples of survivor-centered approaches for working with child survivors of sexual violence. The case studies will present specific examples of Physicians for Human Rights' (PHR's) work to support multisectoral professionals supporting child survivors of sexual violence and apply identified good practices in specific contexts.

These case studies are useful to all actors along the justice and documentation pathway.

Section four has the following objective:

- **Objective one:** *Review and understand three case studies providing concrete examples of how the concepts and good practices outlined above are applied to supporting child survivors of sexual violence in documentation and justice processes.*

After Reviewing this Section

By reviewing this section, you will be able to see how PHR has applied the approaches, tools, and concepts presented in the previous sections in three real world examples and start to make additional connections to their own specific contexts.

Section Four: Case Studies

In this Section:

- Three case studies that synthesize the concepts, approaches, and tools discussed in sections one, two, and three.

Who should review this Section?

- The case studies in this section are useful to all actors along the justice and documentation pathway.

Physicians for Human Rights

Play Therapy for Child Survivors of Sexual Violence in Kenya: A Trauma-Informed, Child-Centered Approach to Justice

In Kenya, play therapy is emerging as an effective, trauma-informed approach to support child survivors of sexual violence, both in clinical settings and the justice system. This case study examines how Emily Muthoni Kiragu, a trained trauma counselor at a health facility in Kenya, has effectively used play therapy to help child survivors process trauma, communicate their experiences, and participate in legal proceedings by providing testimony. Emily's work demonstrates how play therapy can create a safe, supportive environment for children to share difficult experiences at their own pace, using their own language, while also generating crucial evidence for the justice process to aid in successful prosecutions.

Introduction of Play Therapy into Emily's Clinical Practice

Emily first began exploring using play therapy techniques when she found traditional counseling approaches to be ineffective when working with child survivors, many of whom were withdrawn and uncommunicative. Despite trying different approaches to get children to speak with her, she found them quiet and in a "world of their own." She needed to bring them back to "where we are" to get the information needed to help them begin to share and to heal, and she realized she needed to try something new. Emily realized that she needed to be on the same level as the child, so she achieved this by sitting on the carpet with them. Getting on the same physical

Emily Muthoni Kiaragu, a trauma counselor, interacts with a child through play therapy at a health facility in Naivasha, Kenya, 2024.
Photo: Physicians for Human Rights.

level, showing friendliness, and care was an important first step in creating a safe environment for the children. To shift away from "the office or hospital perspective," she initially used items around the department for the children to play and draw with. Later, she introduced toys, art supplies, and other play materials, observing that these helped distract children from their trauma and allowed them to engage more freely. This approach allowed them to open up, talk about their trauma, and what happened to them.

Emily shared that when she initially trained in play therapy, she was skeptical because it looked so tedious and involved. But once she started using it and seeing what her clients were going through and how it was helping them express themselves in ways they had not been able to before, she became much more passionate about it because she wanted to help her clients.

Elements of Play Therapy Sessions

Emily emphasizes that effective play therapy requires patience, passion, and a deep understanding of child development and trauma. Sessions often take place regularly over several months before children feel comfortable fully sharing their experiences. While effective play therapy is adapted to each child, there are some key elements of each play therapy session:

1) **Creating a welcoming environment:** The first key element to successful play therapy sessions when implementing this practice in Kenya was setting up a welcoming, child-friendly space that was interesting with toys, art supplies, bright colors and a carpet on the floor. The carpet was particularly important for the children and for the therapist to give space for them to sit with the child on their level to convey that the therapist is there to provide support and security. As Emily put it, "You come to their level, you get to understand their world, you get to understand where they are coming from, get to know what they have gone through.... I should be their support system. I should reassure them that I'm walking the journey with them."
2) **Receiving consent and assent:** Before beginning any play therapy process, it is important to receive informed consent from the parent, guardian or responsible adult who is accompanying the child and informed assent from the child. To do this Emily and her team make sure to explain the process clearly to both the responsible adult and the child before asking for informed consent/assent. They then ask for informed consent from the parent and ask the parent and the child for permission to seek informed assent from the child separately from the parent. This allows them to ensure that there is no coercion and that the child has a free space to ask questions. Additionally, they ask the parent and child for permission to go through the play therapy process without the parent being present. Finally, they emphasize to the child and the parent the principles of privacy and confidentiality that will be respected in all sessions for all things that are raised except where mandatory reporting becomes necessary.
3) **Allowing children to explore freely:** At the beginning of the play therapy session it was emphasized, the importance of allowing the child to explore freely and play with toys and materials of their choice. This is called non-directed play therapy and the goal during this period is for the child to choose the toys and materials they want to play with and to play in whatever way they would like during this time. There may be some toys and materials that the child may reject. It is important to observe and take note of this.
4) **Observing children's behavior:** An important role for the therapist throughout the play therapy session is to observe the child's behaviors, choices, and cues, both verbal and non-verbal. Through observing and noting what the child is doing during non-directed play, for example, it is possible to begin to understand more about what is going on in their mind, what is bringing them joy or comfort, and what toys or materials the child may reject and explore the reasons why. Observation provides the building blocks for the next sessions of play therapy where more directed approaches and questions will be asked.
5) **Gradually introduce more direction and questions:** After the child had a chance to explore independently, the next step is to utilize a more directed approach where the child is asked to engage in a specific type of play to explore more about their particular trauma. This may mean asking child specific questions accompanied by use of specific toys or asking them to draw pictures and having them describe what they have drawn. Expressive art is a key tool during this part of the session; the survivor expresses

themselves by drawing, like drawing their family, themselves, how the incident occurred or through modeling clay. The therapist can then observe what they have expressed through art and ask questions about what they see. Ensuring that questions remain open-ended is the key to exploring the themes that emerge through play and ensuring that the child is able to continue sharing and processing.

6) **Keeping the child at the center:** Throughout all the steps of a play therapy process, it is important to ensure that children remain at the center and guide the next steps. The process of getting the child to open up and share may be slow, it may happen one sentence at a time and therefore, it is important to let the child go at their own pace, one session, and one step at a time.

When implemented with these key elements in mind, Emily has found that play therapy can help children relax and feel safe in the clinical environment, build trust between the child and counselor, provide an age-appropriate way for children to process trauma, allow for both the verbal and non-verbal expression of thoughts and feelings and generate sharing and information about a child's trauma experience that is not otherwise able to be understood which is critical to support their further treatment, healing and for child survivors of sexual violence legal proceedings against perpetrators should they wish to pursue this.

The power of play therapy is best illustrated through the example of one patient, whom we will call Hope. Hope is a five-year-old girl who was orphaned and left with her grandparents. While living with her grandparents, her uncle also began staying with them and began sexually abusing Hope. Hope did not disclose the abuse to anyone, but the trauma had a profound impact on her.. She was not performing well in school, became withdrawn, and developed urinary incontinence, losing the ability to control her bladder. It was at this point that Hope told her teacher that her uncle had been abusing her for a long time. The teacher reported the case to the children's department and Hope was removed from her grandparents' house and taken to a children's home.

At the children's home, they took Hope to hospital because, despite her age, she still could not control her bladder. When the hospital surgeon examined Hope, they determined that there was no issue with her urinary system, and the issue with incontinence was due to trauma and not a physical ailment. It was at this point that Hope was referred to Emily's department for counseling. Using the play therapy techniques outlined above, Emily and her colleagues created a safe space, reassured Hope that she was safe, had privacy and confidentiality and encouraged her to share. After three months of play therapy sessions, Hope shared with the counselors that the uncle had been abusing her for as long as she could remember but had been warned not to talk about it. After Hope had opened up, they were able to use play therapy and other counseling techniques to help her share more and by the fourth month, the case was taken to court. Hope had to go and testify in court. Emily was able to go as an intermediary and to bring many of the play therapy techniques, including the carpet and the toys, into the private courtroom to create a safe space where Hope was able to testify, and the magistrate was able to follow her testimony and get each of their questions answered to have complete evidence. In the end, justice was served, and Hope's perpetrator was punished for his crimes.

Integrating Play Therapy in the Justice System

As highlighted in Hope's story, a groundbreaking aspect of Emily's work has been bringing play therapy techniques into the Kenyan court system to support child survivors when they serve as witnesses. The introduction of child-specific courts and court user committees in Kenya has been helpful in increasing focus on children's needs and survivor-centered approaches that can ease children's participation in the judicial process. Emily noted that in her district, it was the magistrate who initiated her participation in the court sessions as they recognized the usefulness of having the individual counseling the child accompany the child to court.

After the success of Hope's testimony, the magistrate was quick to note the difference in how children shared testimony and evidence and the resulting speed of cases and convictions when mediated through play therapy and a trusted counselor, reinforcing the need to ensure that a trained counselor can be available to mediate during cases.

Key aspects of a successful court-based play therapy approach include:

- Creating continuity between clinical sessions and the courtroom with familiar toys and materials.
- using dolls or drawings to help children demonstrate abuse when verbal descriptions are difficult;
- Having supportive and trusted people present during the court session, this may include the counselor, other adults or even a friend with whom the child has already disclosed;
- Ideally, having child-friendly spaces within courtrooms; and
- Ensuring adequate time for pre-court play therapy sessions and post-testimony debriefing and support sessions.

While this approach is not yet widespread, Emily reports growing interest from magistrates and other court officials who have seen its effectiveness and believes that with greater sensitization and training this, approach can be more widely adopted.

Challenges and Areas for Improvement

Emily identified several challenges and areas for improvement in implementing play therapy for child survivors in Kenya and in other contexts:

1. **Lack of awareness**: Many stakeholders do not understand how play can be therapeutic and support justice processes. More resources, training and sensitization are needed to explain how play therapy can be used and successfully integrated.
2. **Limited resources:** Particularly in resource-limited contexts, courts lack child-centered spaces and appropriate materials to dedicate to creating permanent spaces for children. Emily often has to bring her own supplies, but this could be addressed by collaborating to identify the "must have" supplies that can be stored at court or made available at a clinic to ensure play therapy techniques are utilized.
3. **Need for specialized training:** Counselors, court officials, and others working with child survivors need training in child-centered, trauma-informed practices, and play therapy approaches specifically to ensure that all approaches are done in a way grounded in the "do no harm" principle. Integrating play therapy into standard protocols for working with child survivors and witnesses will also support ensuring that professionals prioritize training on these approaches.
4. **Cultural considerations:** While play is universal, practitioners must be sensitive to cultural norms around play and trauma expression and be able to adjust approaches to their particular context.
5. **Safety concerns:** Emily has occasionally faced intimidation from alleged perpetrators for supporting child witnesses. Additionally, working with child survivors and hearing their stories can lead to vicarious trauma. It is important to provide adequate support and protection to professionals working with child survivors.

Conclusion

Emily's pioneering work demonstrates the potential for play therapy to create more trauma-informed, child-centered approaches to supporting survivors of sexual violence in both clinical and legal settings. By allowing children to share experiences through play rather than relying solely on verbal communication, play therapy helps amplify children's voices in the justice process. With proper resources and training, this approach could be expanded to benefit more child survivors across Kenya and far beyond.

Citations

1 Their department also received support to create a child-centered space with bright colors, child-appropriate furniture, and other elements, which made the physical environment child-friendly and enticing.

Physicians for Human Rights

Kavumu Case Study

Introduction

In the Democratic Republic of the Congo, more than 40 young girls – some as young as 18 months – were taken from their homes and raped in the South Kivu village of Kavumu during a three-year reign of terror beginning in 2013. The perpetrators kidnapped the children in the dead of night, assaulted them, and then left them in the fields surrounding the village.

The attacks occurred with terrifying regularity, but the cases languished for more than three years without investigation; rumors linked the assaults to powerful community members, and the region was rife with corruption.

In 2013, Physicians for Human Rights (PHR) began working with medical, law enforcement, and legal professionals to gather forensic evidence from the survivors in a bid to secure justice for the girls and their families. PHR worked side-by-side with clinicians at Panzi Hospital documenting the girls' injuries and partnered with law enforcement and civil society stakeholders to help coordinate the investigation and provide technical assistance to clinicians and police investigators.

Then came a breakthrough: the arrest of dozens of Congolese militia members in June 2016. Among the accused was a powerful regional legislator, Frederic Batumike. Many expected he would escape accountability, but on November 9, 2017, Batumike and more than a dozen of his militia went on trial – the first time ever that a sitting lawmaker in the Congo has faced justice.

A former powerful legislator, Frederic Batumike, on trial for crimes against humanity by rape and murder was sentenced to life in prison – a moment for justice in the Congo, 2017.
Credit: Physicians for Human Rights

In another precedent, the Congolese military court for the first time allowed witnesses and survivors to use a series of protective measures to conceal their identities including, ensuring that survivors would not testify in public, permitting witnesses to testify wearing head-to-toe coverings, using voice modification technology (See more about ViVoMo in the Fact Sheet and Case Study), and placing dividers separating witnesses from the defendants and those in the public gallery to protect witness and survivor identities.

On December 13, 2017, the court convicted Batumike and ten others of crimes against humanity for rape and murder and sentenced them to life in prison – a watershed moment for justice in the DRC.

A military appeals court in July 2018 definitively secured justice for the survivors and their families.

Factors that Led to Success

- Training to enhance the technical capacity and multisectoral collaboration of medical, legal and law enforcement professionals. The training was instrumental in supporting clinicians to document the physical and mental health harms in child survivors.
- Standardized documentation of cases was facilitated through the use of a medicolegal forensic form that was co-designed with PHR. This was a critical part of the documentation and interview process with child survivors. The evidence collected by clinicians using the medical certificate was able to be shared through the network with police investigators to aid investigations to show that the rapes were not isolated incidents but systematic.
- The "Task Force for Justice" a multisectoral network between medical actors, police and law enforcement facilitated collaboration and information-sharing while conducting the investigation. For example, PHR mobilized a multidisciplinary task force which included clinicians, lawyers, police officers, prosecutors, judges, community activists from Kavumu, local and international NGOs, and MONUSCO (the UN Organisation Stabilisation Mission in DRC) which met on a monthly basis to strategize about advancing the criminal investigation, safeguarding the survivors, witnesses and their families, and engage in advocacy.
- Multisectoral collaboration was further supported by ongoing mentoring and strategic expert engagement to reinforce capacity development principles across all sectors, not just with clinicians and police investigators, but also with judges and magistrates.

Witnesses and survivors were allowed to use voice modification technology, Vivomo, to conceal their identities and were permitted witnesses to wear head-to-toe coverings as recommended by PHR, DRC, 2017. Credit: Physicians for Human Rights

In a landmark judgment, 11 men are convicted of crimes against humanity for the rapes of dozens of girls and the murder of two men. Survivors and civil parties are awarded reparations.
Credit: Physicians for Human Rights

- Deep engagement between child survivor's families, the wider community, and the legal and medical professionals working on the case was important as it allowed for regular updates around the case and for security concerns to be identified.
- Finally, the use of child friendly tools and approaches to interview and record child survivors' testimonies in ways that prioritized survivor-centered, and trauma-informed approaches was transformative in DRC where many of these approaches had not previously been used. These approaches included having a specialized pediatric forensic psychologist conduct child interviews and receiving consent to record those interviews. Police investigators observed the interviews in an adjacent room to be able to gather information needed to inform their investigations without needing to re-interview and potentially re-traumatize the young survivors. Prosecutors then worked with the courts to admit the pre-recorded videos to stand as the evidence in place of the child survivors testifying in court in front of perpetrators. When witnesses and family members testified in public hearings they were also granted special measures to protect their identities (as outlined above).

For more information about the Kavumu Case and the good practices used by PHR and partners:

- *Journal of International Criminal Justice*: Achieving Justice for Child Survivors of Conflict-related Sexual Violence in the Democratic Republic of the Congo: The Kavumu Case (May 2020)
- *The Lancet*: The case of Kavumu: a model of medicolegal collaboration (June 2019)
- International Justice Monitor: The Kavumu Trial: Complementarity in Action in the Democratic Republic of Congo – International Justice Monitor (February 2018)
- PHR Video, Landmark child rape trial in DRC's Kavumu. https://youtu.be/3cNDfgbvuto?si=rEjKZmixeGmglf6B
- Save the Children International, University of Oxford. Advancing Justice for Children: Innovations to strengthen accountability for violations and crimes affecting children. March 2021. (Kavumu Case Study found on page 90-97)

Physicians for Human Rights

The Use of ViVoMo Court Proceedings for Sexual Violence Cases in North-Kivu and South-Kivu, the Democratic Republic of the Congo

In crowded courtrooms, such as in DRC during the trial of former legislator, Frederic Batumike, on trial for crimes against humanity by rape and murder, tools like ViVoMo support witnesses and survivors when providing testimonies which were critical for securing a sentence of life in prison – a moment for justice in the Congo, 2017. Photo: Physicians for Human Rights.

Introduction

Bringing cases of sexual violence forward, especially those involving children, presents numerous challenges. The medicolegal process can be highly stressful and intimidating for child survivors, with a significant risk of retraumatization. Appearing in court, facing the accused, testifying publicly, and undergoing cross-examination can be overwhelming and terrifying for children. Public testimony may also pose threats to their security and well-being. In response, both civil and common law legal systems have begun experimenting with "special protective measures" aimed at reducing the burden on child survivors during court proceedings.

ViVoMo is a voice modification system developed by Physicians for Human Rights (PHR) to empower and protect victims and witnesses of sexual violence by enabling them to testify without being identified. It works

by altering the speaker's voice to make it unrecognizable while remaining audible, complementing other protective measures like deposition booths. It can operate in both protection and public modes simultaneously, ensuring anonymity for the speaker while allowing clear communication for interpreters or legal proceedings. This system is designed to reduce the fear of retaliation, stigmatization, or retraumatization that victims and witnesses may experience when recounting their assaults.

This case study assesses ViVoMo's effectiveness in protecting the anonymity of survivors and witnesses of sexual violence during court proceedings in the Democratic Republic of the Congo (DRC) while enabling their participation in the judicial process. It uses data gathered from monitoring and evaluation to share the tool's impact on reducing barriers to testimony and enhancing the overall safety and dignity of those involved, providing valuable insights for future use in similar contexts.

Methodology

Data collection for this case study involved distributing questionnaires to three organizations and courts in North Kivu and South Kivu, DRC, that have used ViVoMo in court proceedings and other activities. These include the Military Court of North Kivu, the Military Court of South Kivu, and the United Nations Joint Human Rights Office in the Democratic Republic of the Congo (UNJHRO DRC). The questionnaires collected feedback on the practicality, effectiveness, and challenges of using ViVoMo, offering valuable perspectives from those directly involved in its application for sexual violence cases. The questionnaire covers the period from when ViVoMo units were first distributed in the DRC in September 2023 to September 2024. A copy of the usability questionnaire can be found in Annex 1.

Key Findings

Responses were received from users at two institutions that are currently using ViVoMo – the military court of North-Kivu and the military court of South-Kivu. ViVoMo has been used in seven cases during the pilot period.

CASE	LOCATION
Dossier colonel Mikonde | Trial for murder and other crimes following orders to shoot civilians leading to 56 deaths	North-Kivu
Dossier KoKodikoko | Trial for sexual violence, murder, torture and other crimes against humanity	South-Kivu
Dossier Ndarumanga | Landmark trial for sexual violence, forced pregnancy, and other crimes	South-Kivu
Dossier Bralima	South-Kivu
Dossier Selemani Salumu | Trial for murder and illegal possession of war munitions	South-Kivu
Trial for murder	North-Kivu
Trial for rape of a child (boy)	North-Kivu

Respondents shared several key benefits from the use of ViVoMo in court proceedings, notably:

1. Anonymity – users consistently noted the high level of anonymity that the tool provided survivors and witnesses. One user shared that the tool "*...allowed the victim's mother to testify without the perpetrator's family being able to recognize her*."
2. Security for witnesses – users noted the feeling of protection and security that the tool offers witnesses and survivors, who may not otherwise come forward to testify. As one user shared "*ViVoMo allowed witnesses to be able to testify without fear of being identified by the perpetrator.*"

3. Complementing existing protection – the tool was noted as being a compliment to other witness protection measures, such as physical barriers and veils for witnesses, in place in the court - one technician shared *"There was no difficulty in using it with the victims, the latter being already veiled, all that was missing was the voice distortion that ViVoMo made easy."*

While the majority of users had not experienced any technical or operational challenges with the tool, a few notable areas for improvement were highlighted, including:

1. Short battery life – the tool requires frequent charging so extending battery life would be beneficial.
2. Limited sound coverage – the tool's amplification does not adequately cover the entire courtroom or hearing space in certain court settings.
3. Occasional technical issues with the voice modification feature were also noted.

ViVoMo in Practice

ViVoMo played a crucial role in the mobile court hearings for three military court cases in South Kivu in May 2024. The seven defendants -members of local armed groups- faced charges including rape, murder, sexual slavery, torture, deprivation of liberty, pillage, destruction of property, forced pregnancy, and other crimes. These cases involved both adults and minors, as well as male and female victims, with crimes occurring in Mwenga, Shabunda, and Walungu.

The mobile court hearings took place over 12 days in May and June 2024 in Walungu, South Kivu, drawing an average audience of 1,500 people from the general public. ViVoMo was instrumental in protecting the identities of survivors and witnesses from public scrutiny and the defendants, alongside measures such as veils to conceal the physical identities of those providing testimony. The technician managing ViVoMo during these hearings reported "great user satisfaction," highlighting the "inability to recognize the person speaking" and the "protection of victims and witnesses" as key successes of the tool.

Despite some challenges, the technician and team effectively utilized complementary tools to ensure the proceedings went smoothly. Given the large public audience, the hearings were moved to outdoor venues to accommodate attendees, which created challenges with sound amplification. The technician addressed this by integrating additional microphones and amplification devices. There were also instances of voice distortion, prompting the court to revert to the previous version of ViVoMo that the UNJHRO had received from PHR.

As a result of the testimonies and court proceedings, all three defendants were convicted in the first degree for crimes against humanity, and the government of the DRC was found civilly liable. Consequently, 436 victims were granted access to justice.

In another significant case, ViVoMo was utilized by the North Kivu military court in the Wazalendo case involving Colonel Mikonde. This case addresses charges of murder, destruction of war materials, and incitement of soldiers to commit illegal acts. On August 30, 2023, Colonel Mikonde's soldiers killed 58 individuals during a demonstration in Goma, where protesters were demanding the departure of MONUSCO. Additionally, 70 people were reported injured.

Colonel Mikonde was ultimately sentenced to life imprisonment for murder and attempted murder. During the hearing held at the Goma Garrison Military Prosecutor's Office, the ViVoMo tool was employed to enhance the protection of witnesses and victims.

Recommendations

ViVoMo has played a key role in supporting access to justice for survivors of sexual violence and other grave crimes in Eastern DRC. Several questionnaire respondents flagged that there are many upcoming cases where they plan to use ViVoMo to support testimony, and they look forward to deploying the tool. To continue to monitor and improve the use of ViVoMo in future cases, possible future improvements may include:

1. Enhancing the system's sound coverage by incorporating more robust speaker systems or additional audio attachments, particularly for larger courtrooms or audiences and outdoor venues, to ensure all participants can hear clearly.
2. Continuing to implement monitoring, evaluation and learning efforts to assess the tool's performance, identify areas for improvement, and ensure it remains effective in supporting victims and witnesses over time.

Annexes:

Annex 1: ViVoMo usability and feasibility questionnaire

The following questionnaire contains elements that help us evaluate the technology we are developing and the pilot project as a whole. This questionnaire is anonymous and your responses will not be shared with anyone outside of PHR and its evaluation team. Your answers will have no effect on your employment or your relationship with your workplace, PHR staff and consultants.

A. Which of the following best describes your profession?

- ☐ Technician in a justice / police structure
- ☐ Technician in a non-state structure (NGO, UN, etc.)
- ☐ Psychologist
- ☐ Defender / Lawyer
- ☐ Magistrate / Clerk
- ☐ Other. Specify:_____

B. If you have a specific specialty, please describe it in the field below.

C. How many years have you been attending hearings and testimonies of judicial significance?

I have been attending hearings and testimonies for _____

D. How many times have you used ViVoMo?

I have used ViVoMo about _____

E. Approximately how many times did you use ViVoMo on average over the course of a month? If you do not know the exact number, please provide your best estimate.

I used ViVoMo about _____ *per month.*

F. Approximately how much time do you spend installing ViVoMo? If you do not know the exact duration, please provide your best estimate.

I spend about _____ minutes to install ViVoMo.

G. How much time do you spend explaining to third parties (court, magistrates, lawyers, victims, etc.) how to use ViVoMo? If you do not know the exact duration, please provide your best estimate.

I spend about _____ minutes explaining how to use ViVoMo.

H. Approximately how much time do you spend using ViVoMo? If you do not know the exact duration, please provide your best estimate.

I spend about _____ minutes using ViVoMo.

I. Have you ever used an electronic sound system (such as a microphone connected to a speaker)?

☐ Yes
☐ No

J. Have you ever used a smart electronic sound system? (An "intelligent electronic sound system" is a tool that performs many of the functions of an amplification system, usually having a multiple interface, dynamic energy management, and an electronic system for modulating and modifying sounds in real time)

☐ Yes
☐ No

K. Have you ever used an intelligent electronic sound system other than ViVoMo? If so, which one?

☐ Yes:
☐ No

L. Do you normally record hearings and testimonies during your activities?

☐ Yes
☐ No

	I STRONGLY DISAGREE	I DISAGREE	I AGREE	I TOTALLY AGREE	COMMENT (OPTIONAL)
M. Ease of use of ViVoMo					
1. ViVoMo seems to be suitable for amplifying hearings and testimonies.	☐	☐	☐	☐	
2. ViVoMo is easy to use during activities.	☐	☐	☐	☐	
3. It's easy to use ViVoMo's settings.	☐	☐	☐	☐	

4.	It is easy to install ViVoMo.	☐	☐	☐	☐	
5.	ViVoMo should be more compact and lighter.	☐	☐	☐	☐	
6.	It is easy to modify/modulate the voice with ViVoMo.	☐	☐	☐	☐	
7.	It's easy to connect ViVoMo's microphones and speaker.	☐	☐	☐	☐	
8.	The screens seem simple and easy to use.	☐	☐	☐	☐	
9.	It is easy to connect ViVoMo to a charging system.	☐	☐	☐	☐	
10.	I find it easy to switch from one charging system to another (current/solar).	☐	☐	☐	☐	
11.	ViVoMo has a lifespan without sufficient recharging.	☐	☐	☐	☐	
12.	I like the colors used for the design of ViVoMo.	☐	☐	☐	☐	
13.	I find the signage easy to understand.	☐	☐	☐	☐	
14.	The documentation provided is comprehensive and understandable.	☐	☐	☐	☐	
N. Pertinence of ViVoMo						
15.	ViVoMo helps me to better assist people who are interviewed or who testify.	☐	☐	☐	☐	
16.	ViVoMo helps me save time in preparing victims and witnesses.	☐	☐	☐	☐	
17.	It is easy to use ViVoMo while I assist the people who are being heard or who are testifying.	☐	☐	☐	☐	
18.	Victims and witnesses will be better assisted if ViVoMo is made available to them.	☐	☐	☐	☐	
19.	The use of ViVoMo makes a difference in cases of survivors of sexual violence.	☐	☐	☐	☐	

20.	Voice modification serves victims and witnesses well and allows them to be more comfortable during hearings and testimonies.	☐	☐	☐	☐	
O. Acceptability of ViVoMo						
21.	I currently assist victims and witnesses without using a voice modification system.	☐	☐	☐	☐	
22.	The risks for victims and witnesses to be recognized are greater without ViVoMo than with this tool.	☐	☐	☐	☐	
23.	I am comfortable using ViVoMo in my day-to-day practice.	☐	☐	☐	☐	
24.	I think that victims of sexual violence accept the use of ViVoMo during hearings and testimonies.	☐	☐	☐	☐	
25.	The use of ViVoMo with a victim of sexual violence is culturally acceptable.	☐	☐	☐	☐	
26.	The training on how to use ViVoMo helped me to integrate it into practice.	☐	☐	☐	☐	
27.	I like to use new types of technology to help litigants.	☐	☐	☐	☐	
28.	I believe that magistrates and professionals understand the advantages and limitations of using ViVoMo.	☐	☐	☐	☐	
29.	Magistrates and professionals readily accept the implementation of ViVoMo as a tool for the protection of victims and witnesses.	☐	☐	☐	☐	
30.	I believe that victims and witnesses understand the risks and benefits of using ViVoMo.	☐	☐	☐	☐	
31.	I obtain the consent of all victims and witnesses before using ViVoMo.	☐	☐	☐	☐	
32.	Victims and witnesses gladly consent to the use of ViVoMo to document their cases.	☐	☐	☐	☐	

33.	The process of obtaining consent to use ViVoMo for voice anonymization is too cumbersome.	☐	☐	☐	☐	
34.	I am confident in my ability to explain to victims and witnesses the purpose and risks of using ViVoMo.	☐	☐	☐	☐	
35.	Using ViVoMo is more acceptable to me than speaking without voice modulation.	☐	☐	☐	☐	
36.	Overall, I'm happy with ViVoMo.	☐	☐	☐	☐	
P. FEASIBILITY AND SUSTAINABILITY OF MEDICAPT						
37.	ViVoMo is intuitive to my needs when protecting victims and witnesses.	☐	☐	☐	☐	
38.	My colleagues will be happy to use ViVoMo.	☐	☐	☐	☐	
39.	I had enough training to use ViVoMo properly.	☐	☐	☐	☐	
40.	The device is likely to be stolen.	☐	☐	☐	☐	
41.	I risk losing my device.	☐	☐	☐	☐	
42.	Additional measures will need to be put in place to ensure that this device is used.	☐	☐	☐	☐	
43.	I could one day train my colleagues on how to use ViVoMo for victim and witness protection.	☐	☐	☐	☐	
44.	ViVoMo helps me save time in protecting victims and witnesses.	☐	☐	☐	☐	
45.	ViVoMo is better than what I currently use for victim and witness protection.	☐	☐	☐	☐	
46.	Protection professionals who use ViVoMo will take better action because they use this tool on a regular basis.	☐	☐	☐	☐	

47.	I think that access to electricity is a major problem for the protection of witnesses or the holding of hearings and testimonies.	☐	☐	☐	☐	
48.	I have access to reliable electricity in my office or in court.	☐	☐	☐	☐	
49.	This involves loading the tool on a daily basis.	☐	☐	☐	☐	
50.	I have to rely on a generator to recharge the ViVoMo tool daily.	☐	☐	☐	☐	
51.	It's easy to fix the problems I have with ViVoMo.	☐	☐	☐	☐	
52.	When I have a problem with ViVoMo, I know where to turn for help.	☐	☐	☐	☐	
53.	When I run into a problem with ViVoMo, I am satisfied with the help I receive.	☐	☐	☐	☐	
54.	The voice modulation process with ViVoMo works well.	☐	☐	☐	☐	
55.	It is difficult to maintain the ViVoMo tool.	☐	☐	☐	☐	
56.	ViVoMo may be used by others for purposes unrelated to ViVoMo.	☐	☐	☐	☐	

Q. ViVoMo in situation

Who was the user (not the technician) of ViVoMo?

Victims	Witnesses	Accused	Defenders / Lawyers	Magistrates / Clerks	Psychologists	Other (to be specified)

Gender of the user

Masculine	Feminine	Other

Age range (in years)

0 - 7	7 - 12	12 – 18	18 – 30	30- 50	50 – 70	70 - …

ViVoMo Where to Use

Court and Tribunals	Office and office	Audience foraine	Other (to be specified)

Case against (name of the accused)

For acts of: (name of offence)

Verdict rendered

Favourable to the complainant and the public prosecutor	Favorable to the defendant	Other(to be specified)

R. Please describe your experience using ViVoMo (in 4 sentences or less).

R1. What problems, if any, have you encountered while using ViVoMo?

R2. If you encountered any problems while using ViVoMo, what did you do? If you have contacted a support person, please describe this experience.

S. What were your favorite aspects of ViVoMo?

T. What additional measures will be required to use ViVoMo?

U1. If you are already using ViVoMo with victims and witnesses, please describe how you obtain permission from the judicial authority.

U2. Please describe the general reaction of the judicial authorities when they give their authorization. Please describe any difficulties you may encounter in obtaining permission from the judicial authorities.

U3. If you are already using ViVoMo with victims and witnesses, please describe how you obtain the consent of the person.

U4. Please describe the general reaction of victims and witnesses when they give their consent. Please describe any difficulties you may encounter in obtaining consent from victims and witnesses.

V. What else could we do to improve the ViVoMo app according to your needs?

W. Can you think of a particular case where ViVoMo made a difference in the case of a survivor of sexual assault? If so, please share below.

Thank you for taking the time to complete this assessment. Please refer the assessment to an RMP staff member once you have completed it.

Physicians for
Human Rights

Section Five: Additional Resources

Introduction

Section five is the final module of the Child-Centered Documentation Toolkit. Section five is not thematic, but rather an appendix of additional resources and documents, such as videos, fact sheets, and international protocols that are relevant to the overall toolkit. Partners are encouraged to review these resources and use them as they see fit.

Physicians for Human Rights

Additional Resources

Anti-Torture Initiative, The Association for the Prevention of Torture, and The Norwegian Centre for Human Rights. "Principles on Effective Interviewing for Investigations and Information Gathering," May 2021. https://www.apt.ch/sites/default/files/publications/apt_PoEI_EN_11.pdf.

Benia, Luis Roberto, Nelson Hauck-Filho, Mariana Dillenburg, and Lilian Milnitsky Stein. "The NICHD Investigative Interview Protocol: A Meta-Analytic Review." *Journal of Child Sexual Abuse* 24, no. 3 (April 3, 2015): 259–79. doi:10.1080/10538712.2015.1006749.

International Criminal Court Office of the Prosecutor. "Rules of Procedure and Evidence," 2019. https://www.icc-cpi.int/sites/default/files/Publications/Rules-of-Procedure-and-Evidence.pdf.

International Criminal Court Office of the Prosecutor, Eurojust, and Network for investigation and prosecution of genocide, crimes against humanity, and war crimes. "Documenting International Crimes and Human Rights Violations for Accountability Purposes: Guidelines for Civil Society Organisations," 2022. doi:10.2812/022603.

International Federation of the Red Cross and Red Crescent Societies and World Vision. "Operational Guidance for Child Friendly Spaces in Humanitarian Settings - Psychosocial Support IFRC," November 23, 2018. https://pscentre.org/?resource=operational-guidance-for-child-friendly-spaces-in-humanitarian-settings.

La Rooy, David, Sonja P Brubacher, Anu Aromäki-Stratos, Mireille Cyr, Irit Hershkowitz, Julia Korkman, Trond Myklebust, et al. "The NICHD Protocol: A Review of an Internationally-Used Evidence-Based Tool for Training Child Forensic Interviewers." *Journal of Criminological Research, Policy and Practice* 1, no. 2 (January 1, 2015): 76–89. doi:10.1108/JCRPP-01-2015-0001.

Lepola, Pirkko, Maxine Kindred, Viviana Giannuzzi, Heidi Glosli, Martine Dehlinger-Kremer, Harris Dalrymple, David Neubauer, et al. "Informed Consent and Assent Guide for Paediatric Clinical Trials in Europe." *Archives of Disease in Childhood* 107, no. 6 (June 2022): 582–90. doi:10.1136/archdischild-2021-322798.

Murad Code. "Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence," April 2022. https://static1.squarespace.com/static/5eba1018487928493de323e7/t/6255fdf29113fa3f4be3add5/1649802738451/220413_Murad_Code_EN.pdf.

OHCHR. "Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2022 Edition)," 2022. https://www.ohchr.org/en/publications/policy-and-methodological-publications/istanbul-protocol-manual-effective-0.

Plan International. "Child-Friendly Spaces in Emergencies." Accessed June 15, 2023. https://plan-international.org/emergencies/child-friendly-spaces/.

National Sexual Violence Resource Center. "Protocols and Guidelines for Sexual Assault Response Teams." Accessed October 24, 2022. https://www.nsvrc.org/sarts/protocols-and-guidelines.

Reicherter, Daryn, Shaune-Ru Wang, Tara N. Ohrtman, Nenna Ndukwe, Simo Vaatainen, Sarah Alcalay, and Lisa M. Brown. "Implementation of Trauma-Informed Best Practices for International Criminal Investigations Conducted by the United Nations Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL (UNITAD)." *Psychological Injury and Law* 15, no. 4 (December 1, 2022): 319–29. doi:10.1007/s12207-022-09457-x.

Sane, Jelia, Véronique Aubert, Aurélie Lamazière, Keyan Salarkia, Vanessa Grée, Federica D'Alessandra, and Sareta Ashraph. "Advancing Justice for Children: Innovations to Strengthen Accountability for Violations and Crimes Affecting Children in Conflict." Accessed March 7, 2022. https://www.bsg.ox.ac.uk/research/publications/advancing-justice-children-innovations-strengthen-accountability-violations.

Save the Children. "Adolescent Friendly Spaces: Guidance and Standards." Save the Children's Resource Centre. Accessed June 15, 2023. https://resourcecentre.savethechildren.net/pdf/adolescent_friendly_spaces_-_guidance_and_standards.pdf/.

———. "Adolescent Girl Friendly Spaces Toolkit." *Save the Children's Resource Centre*. Accessed June 15, 2023. https://resourcecentre.savethechildren.net/pdf/Girl-Friendly-Spaces_Toolkit.pdf/.

———. "Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff." *Save the Children's Resource Centre*. Accessed June 15, 2023. https://resourcecentre.savethechildren.net/document/child-friendly-spaces-emergencies-handbook-save-children-staff/.

Straten Ponthoz, Danae van der, and Sara Ferro Ribeiro. "International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Best Practice on the Documentation of Sexual Violence as a Crime or Violation of International Law (Second Edition)." UK Foreign & Commonwealth Office, March 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/598335/International_Protocol_2017_2nd_Edition.pdf.

The International Rescue Committee (IRC). "Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit.," 2014. https://gbvresponders.org/wp-content/uploads/2014/05/IRC_CCSASToolkit_042314_english.pdf.

"The National Institute of Child Health and Human Development (NICHD) Protocol." Accessed November 26, 2024. https://nichdprotocol.com/the-nichd-protocol/.

The Office of the Prosecutor. "Policy on Children." International Criminal Court, December 2023. https://www.icc-cpi.int/sites/default/files/2023-12/2023-policy-children-en-web.pdf.

———. "Policy on Gender-Based Crimes." International Criminal Court, December 2023. https://www.icc-cpi.int/sites/default/files/2023-12/2023-policy-gender-en-web.pdf.

UNHCR. "Summary: Minimum Standards for Child Protection in Humanitarian Action," January 2016. https://reliefweb.int/report/world/summary-minimum-standards-child-protection-humanitarian-action.

UNICEF. "A Practical Guide for Developing Child Friendly Spaces," March 2009. https://reliefweb.int/report/world/practical-guide-developing-child-friendly-spaces.

United Nations. "Convention on the Rights of the Child," November 1989. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child.

———. "United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse.," 2019. https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf.

United Nations Committee on the Rights of the Child (CRC). "Statement of the Committee on the Rights of the Child on Article 5 of the Convention on the Rights of the Child." United Nations Human Rights Treaty Bodies, October 11, 2023. https://www.ohchr.org/sites/default/files/documents/hrbodies/crc/statements/CRC-Article-5-statement.pdf.

U.S. Department of Justice: Office on Violence Against Women. "A National Protocol for Sexual Abuse Medical Forensic Examinations Pediatric," April 2016.

———. "A National Protocol for Sexual Assault Medical Forensic Examinations - Adults/Adolescents Third Edition," September 2024. https://www.justice.gov/ovw/media/1367191/dl?inline.

World Health Organization. *Assessing and Supporting Adolescents' Capacity for Autonomous Decision-Making in Health Care Settings: A Tool for Health-Care Providers*. World Health Organization, 2021. https://apps.who.int/iris/handle/10665/350208.

———, ed. *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*. Geneva: WHO, 2007.

World Health Organization, Women and Health Department of Gender, World Health Organization, and Injuries and Violence Prevention Department. *Guidelines for Medico-Legal Care for Victims of Sexual Violence*. Geneva: World Health Organization, 2003.

PHR

Physicians for Human Rights

phr.org

For more than 35 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the Nobel Peace Prize for its work to end the scourge of landmines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

Through evidence, change is possible.

Shared in the 1997 Nobel Peace Prize