



Physicians for
Human Rights

Innovative Cross-sectoral Curriculum to Improve the Collection, Documentation, and Preservation of Sexual Violence Evidence in Conflict and Post-conflict Zones

Thomas McHale, SM, Senior Program Officer

Program on Sexual Violence in Conflict Zones

Physicians for Human Rights



Physicians for Human Rights

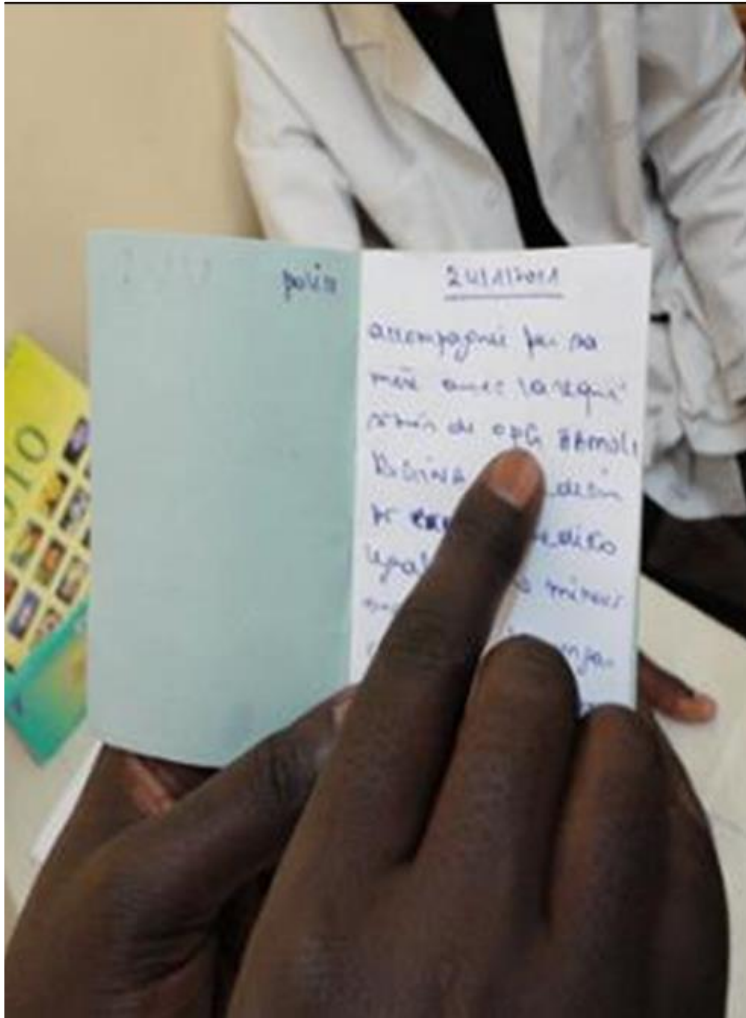
Physicians for Human Rights (PHR) uses medicine and science to document and call attention to mass atrocities and severe human rights violations. PHR was founded on the idea that physicians, scientists, and other health professionals possess unique skills that lend significant credibility to the investigation and documentation of human rights abuses.



Program on Sexual Violence in Conflict Zones

A capacity development and advocacy program that empowers professionals with the technical skill and excellence to collect and document forensic evidence of sexual violence to bolster accountability and effective local prosecutions of these crimes

The Challenge



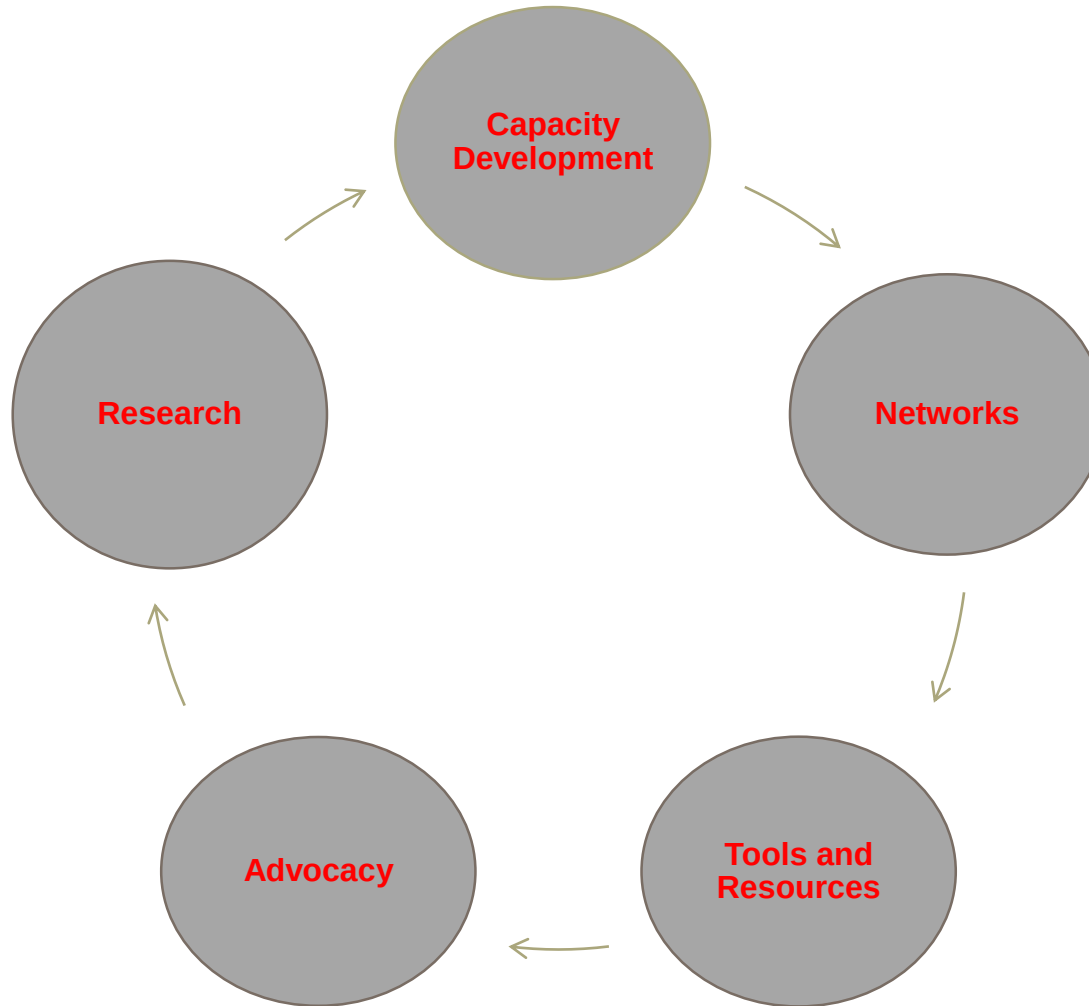
- Forensic medical exams are rarely conducted
- Medical charts fail to document findings
- Lack of clarification of roles
- Absence of a shared language
- Poor coordination across legal, medical, and law enforcement sectors

Approach



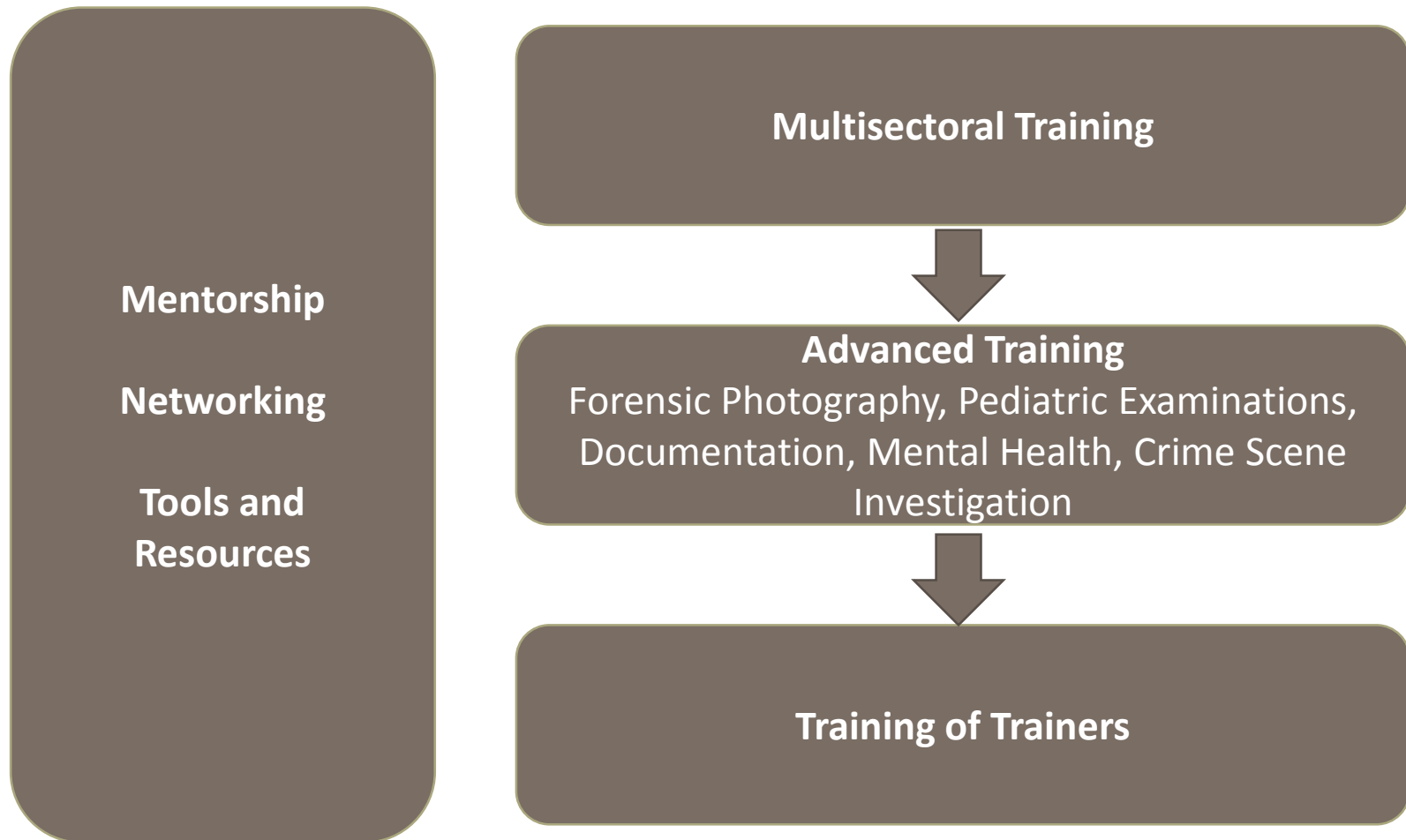


Programmatic Ecosystem



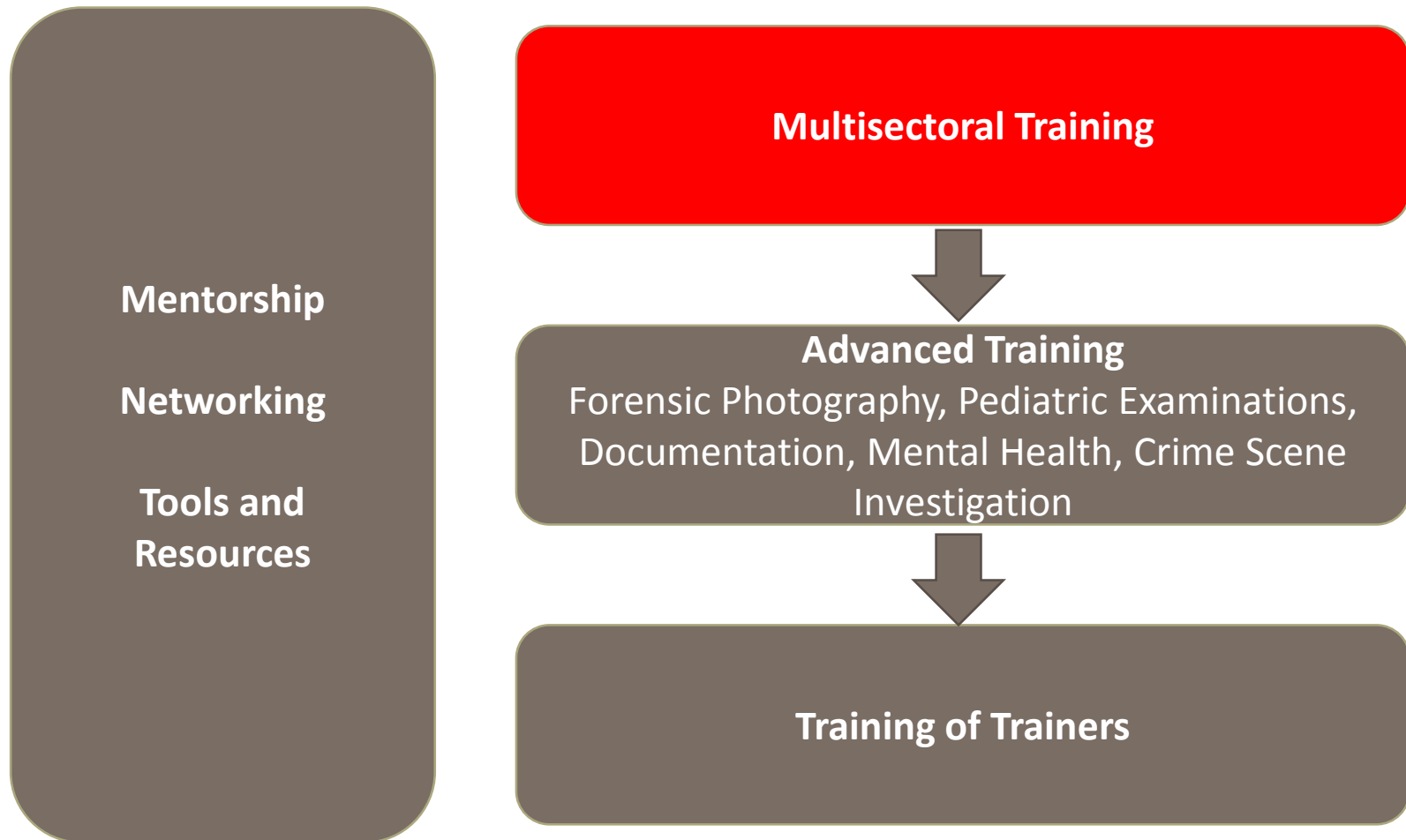


PHR Capacity Development Overview





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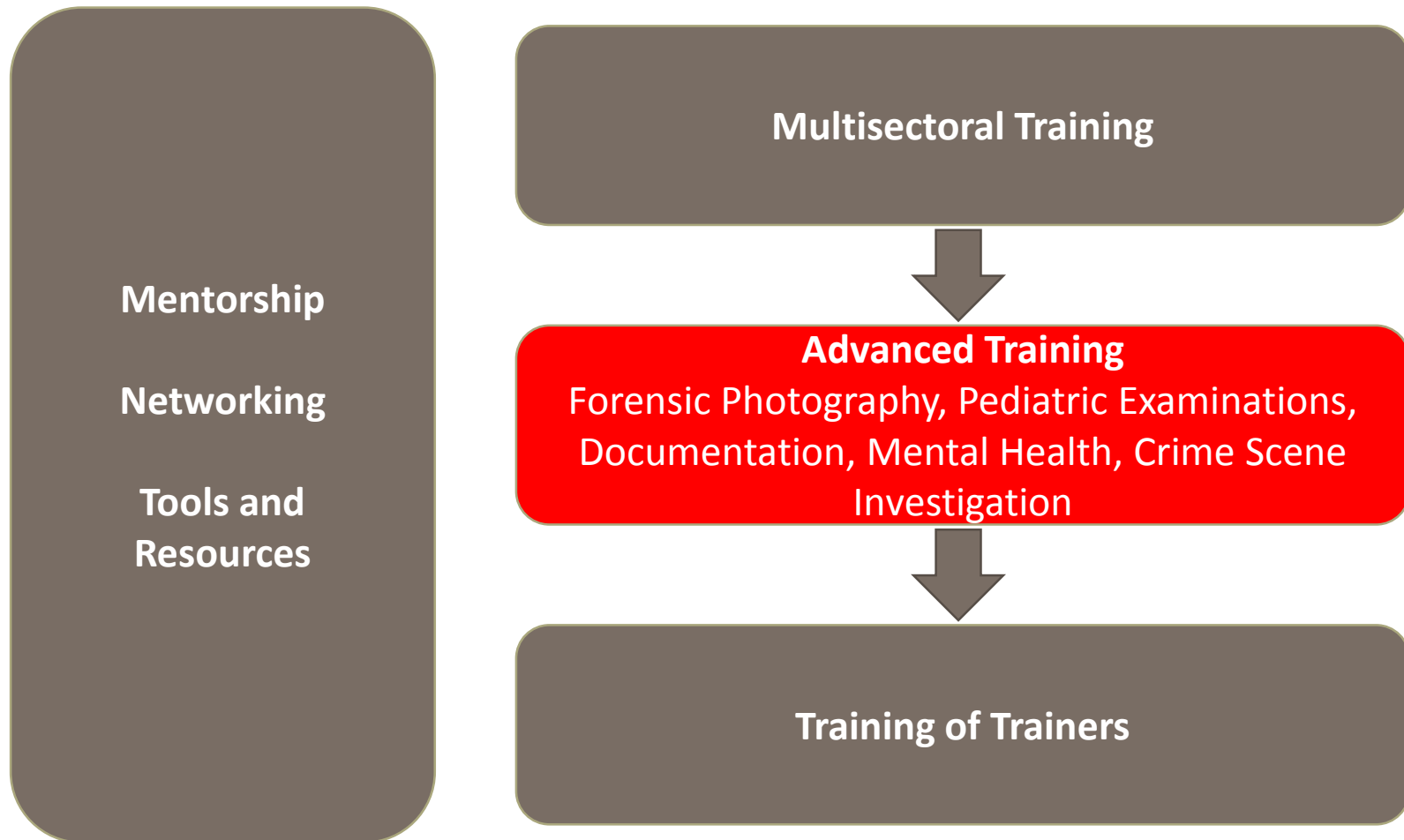


Multisectoral Training Modules

- **Sexual Violence in Conflict Zones**
- **Impact of Sexual Violence**
- **Cross-Sectoral Response to Sexual Violence**
- **Vulnerable Populations**
- **Role of the Clinician and Clinical Elements of Medical Evaluations**
- **Role of the Judge**
- **Role of the Lawyer**
- **Role of the Law Enforcement**
- **Documentation Skills and the Sexual Assault Medical Certificate**
- **Interviewing Skills and Techniques**
- **Domestic and International Law on Sexual Violence**
- **Testifying in Court**
- **Evidence Collection, Documentation and Preservation**
- **Network of Accountability**
- **Professional Self-Care, Secondary Trauma and Resilience Strategies**



PHR Capacity Development Program





Forensic Medical Evaluations



Crime Scene Investigation, Evidence Collection, and Packaging



Documentation

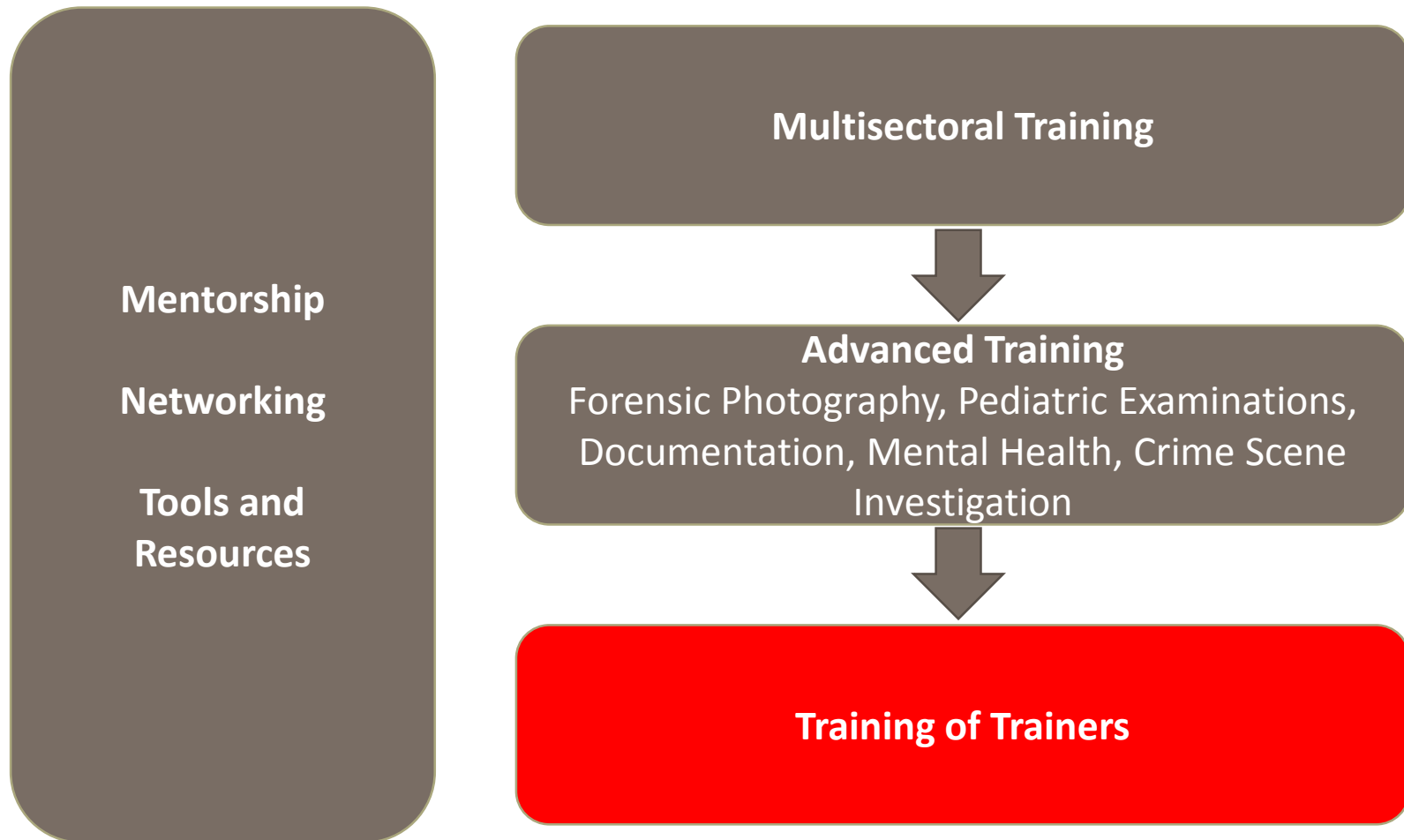


Forensic Photography





PHR Capacity Development Program

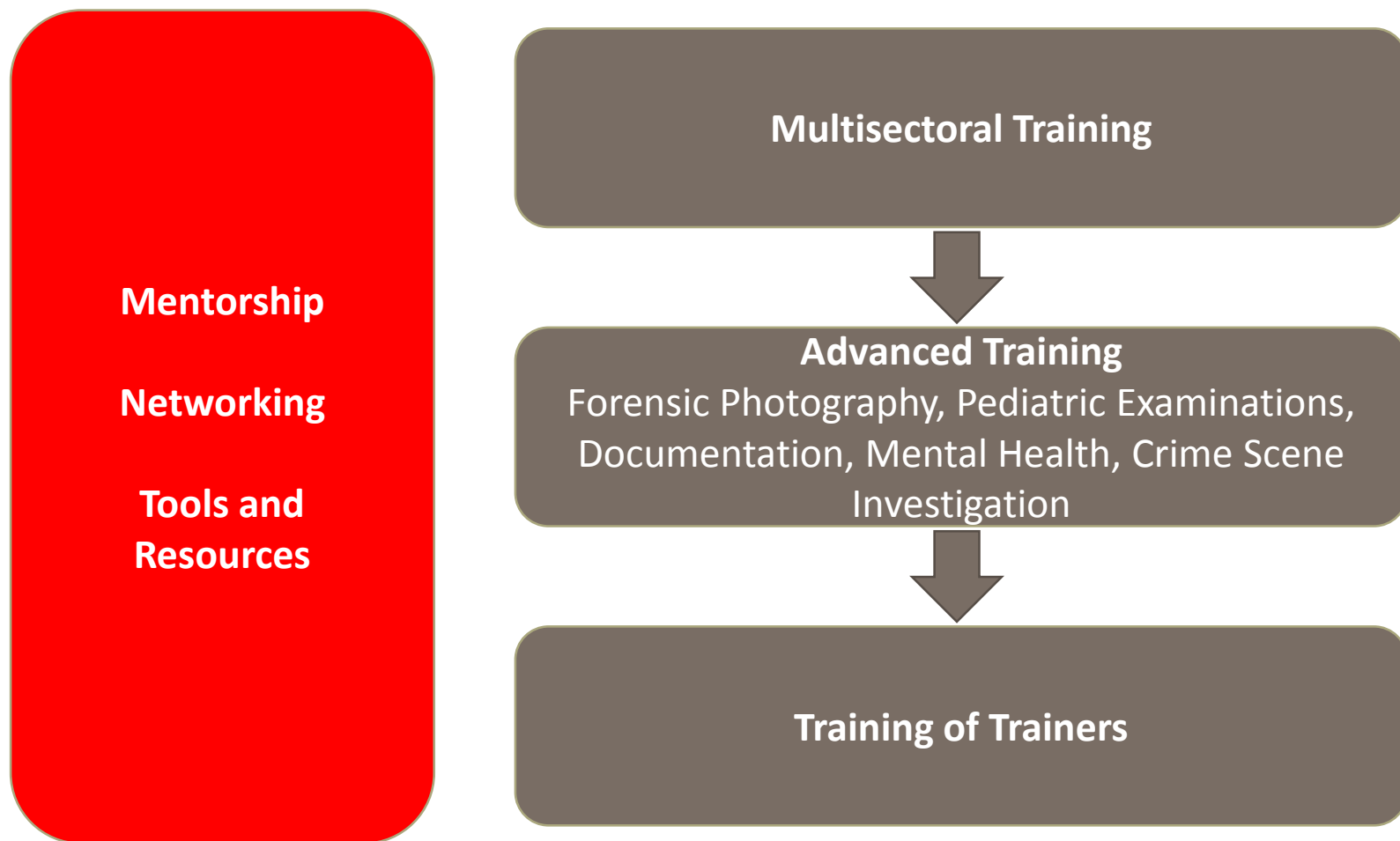


Training of Trainers





PHR Capacity Development Program

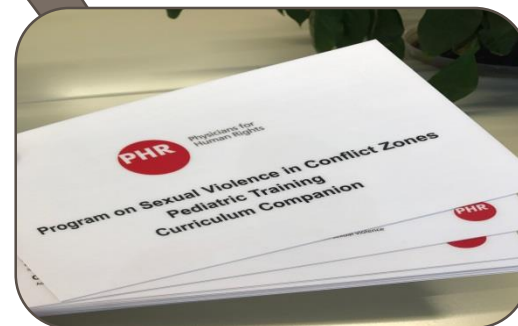


TRAINING VIDEOS



Initials	Page	Page	Location of medical notes
A. PATIENT INFORMATION			
1. Last name	☐ First name	3. First name	
2. Address	☐ Date of birth	6. ☐ Gender ☐ Date	
4. Nationality	☐ Date of birth	☐ Nationality ☐ Other	
5. ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
NOTE: If you prefer to remain anonymous, please do not complete 1-6.			
7. ☐ Yes ☐ No	8. ☐ Yes ☐ No	9. ☐ Yes ☐ No	
B. SUSPECT INFORMATION			
10. ☐ Yes ☐ No	11. ☐ Yes ☐ No	12. ☐ Yes ☐ No	
13. ☐ Yes ☐ No	14. ☐ Yes ☐ No	15. ☐ Yes ☐ No	
16. ☐ Yes ☐ No	17. ☐ Yes ☐ No	18. ☐ Yes ☐ No	
19. ☐ Yes ☐ No	20. ☐ Yes ☐ No	21. ☐ Yes ☐ No	
22. ☐ Yes ☐ No	23. ☐ Yes ☐ No	24. ☐ Yes ☐ No	
25. ☐ Yes ☐ No	26. ☐ Yes ☐ No	27. ☐ Yes ☐ No	
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136. ☐ Yes ☐ No	137. ☐ Yes ☐ No	138. ☐ Yes ☐ No	
139. ☐ Yes ☐ No	140. ☐ Yes ☐ No	141. ☐ Yes ☐ No	
142. ☐ Yes ☐ No	143. ☐ Yes ☐ No	144. ☐ Yes ☐ No	
145. ☐ Yes ☐ No	146. ☐ Yes ☐ No	147.	

MEDICAL CERTIFICATE

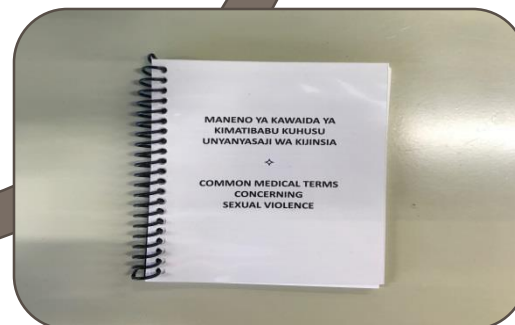


CURRICULUM COMPANION

CHAIN OF CUSTODY FORM

EVIDENCE COLLECTION CHAIN OF CUSTODY FORM	CONTINUITY
Case #: _____ Exhibitor Reference #: _____ Date Collected: _____ Time Collected: _____ Alleged Offense(s): _____ Description: _____ Location Where Found / Seized / Produced: _____ Collected By: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #)	Transferred From: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #) Signature: _____ Transferred To: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #) Signature: _____ Date of Transfer: _____ Time: _____ Purpose of Transfer: (e.g. Custody, Analysis, or Court) _____ Method of Storage: _____
Transferred From: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #) Signature: _____ Transferred To: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #) Signature: _____ Date of Transfer: _____ Time: _____ Purpose of Transfer: (e.g. Custody, Analysis, or Court) _____ Method of Storage: _____	Transferred From: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #) Signature: _____ Transferred To: _____ (PRINT FULL NAME IN BLOCK LETTERS) (TITLE, SERVICE, & IDENTIFICATION #) Signature: _____ Date of Transfer: _____ Time: _____ Purpose of Transfer: (e.g. Custody, Analysis, or Court) _____ Method of Storage: _____

LEXICON



Resources and Tools



Impact

“...The last beneficiary is the survivor. When we learn how to work on them, how to listen to them, how to conduct examinations, collect evidence, send to the court, the court understanding all the whole process and then, there is prosecution of the perpetrator. All this is done for the benefit of the survivor.”

-Physician, DRC



Thank You!

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