



Intensity of their suffering :
Long-term physical and psychological symptoms in detained Syrian men




SYNERGY FOR JUSTICE AND LAWYERS AND DOCTORS FOR HUMAN RIGHTS

Coleen Kivlahan MD, MSPH, Medical Consultant UCSF Human Rights Collaborative and Professor Emeritus UCSF; Medical Director, Synergy for Justice and Mohammad Alsharif, MD, Medical Director LDHR




NO DISCLOSURES



LEARNING OBJECTIVES:

1. Describe longitudinal, evolving symptoms in detained torture survivors
2. Identify findings that are likely to impact family and community cohesion
3. Predict opportunities for intervention: on suffering, displacement and community impact



KEY LITERATURE

- Acute and chronic psychological and physical health findings associated with SV as reflected by survivors, key informants or service organizations at single points in time
- Small sample sizes (focus groups of <20 men)
- Some studies described short- and long-term mental and physical consequences, as well as economic, social, intimacy and familial effects
- Years after detention, men were avoidant regarding their sexual trauma. They focus on daily stressors, work and displacement, and see their experiences as torture, not SV
- Major gap in the literature regarding male detainees' self-reported symptoms and conditions over time



ICC DEFINITION OF CRSV

- Any form of rape as well as,
- Violence against genitals including burning, electrocution and mutilation;
- Collective humiliation with sexualized elements;
- Forced witnessing of sexual violence;
- Forced nudity;
- Threats of sexual violence against self, others or loved ones;
- Verbal sexualized abuse.



METHODS

- Research aim: Understand the evolution of survivor-reported symptoms and conditions following CRSV in detention.
- Observational cohort study of 106 male detainees in Syrian regime detention (2012–2022)
- Sexual, psychological, and physical torture and SRH symptoms and conditions
- Confidential referrals for FMEs to document torture and later consented to semi-structured interviews (SSIs)



METHODS

- Four time periods: Time 1 Detention, Time 2 Post-release, Time 3 FME, Time 3 SSI (median 8.8 years after detention)
- Time 1 and 2 data were based on retrospective recall from detention and post-release periods using both the FME and SSI
- Concurrent symptoms and findings were captured during the FME (Time 3) and SSI interviews (Time 4)



FMEs and SSIs

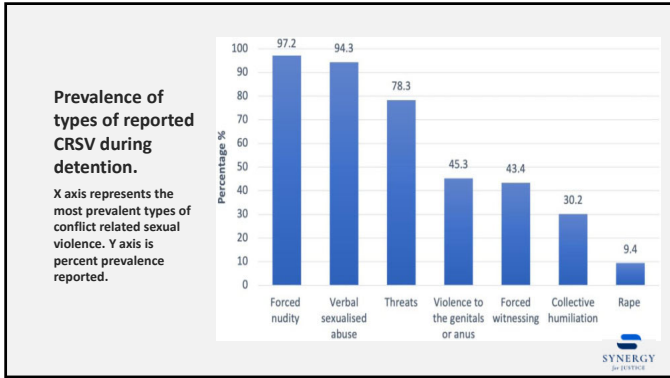
- Referrals for FMEs from ERs, clinics, NGO and service partners
- FMEs done by LDHR, a Syrian NGO; physicians trained in Istanbul Protocol and collectively documented about 700 cases since 2011
- FMEs used the same standard format with required data fields, were retrospectively reviewed and data was extracted by five experienced LDHR physician/researchers in advance of conducting research interviews (SSI)
- SSIs in Arabic, 1-2 hours, used research themes and guiding questions

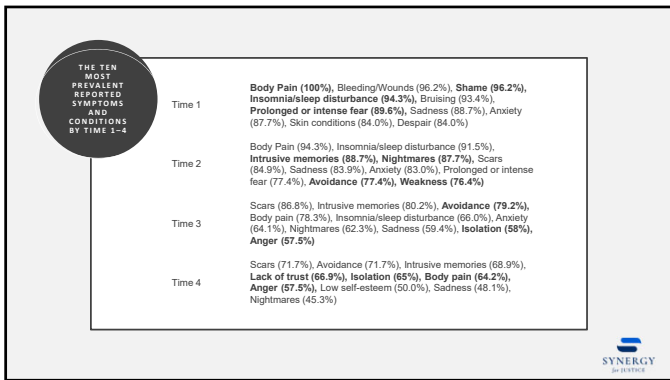


FINDINGS

- Men were mostly married, childless, Muslim, Arab Sunni men with ≥ HS education and stably housed prior to detention throughout Syria
- Median age at their first arrest/detention was 28 years old (range: 15–55)
- All were detained at least once, and for variable lengths of time
- Almost all (91.5%) were detained in military intelligence high security sites, while 63% reported also being detained in additional regime detention sites.
- Mean # of detentions 1.4 (range 1–11)
- Mean duration of detention 18.9 months; median 8 months (range 2 days–119 months), the longest duration was almost 10 years. 40% of men were detained for > 1 year and 9.4% were detained >5 years









FINDINGS

- Additional physical torture: 90% reported being slapped, punched, kicked, hit with objects, 60.4% of men reported torture with multiple devices, and 48.1% reported being burned or electrocuted. 80% reported suspension and forced positions.
- During detention, there was nearly universal presence of acute pain, bleeding wounds, skin infections, sleep disturbances, fear, sadness, anxiety, and despair.
- By Time 4 more than half of all men reported that acute physical and psychological conditions were fading or absent, while scars, avoidance, intrusive memories, lack of trust, isolation, chronic pain, anger, and low self-esteem.
- Around a quarter of the men reported erectile dysfunction (26.4%) and challenges with sexual relations/intimacy (23.6%)
- **71% reported a lack of knowledge of support services, and most (58.6%) reported that they were embarrassed to seek services. Only 3% reported that formal support services were a major source of strength**



THE EVOLUTION: FEAR...PAIN... LACK OF TRUST, ANGER AND ISOLATION



WHAT THIS MEANS FOR US

- 70.2% of the men were displaced from their home, communities or country after detention
- All experienced multiple forms of physical, psychological, and SV in detention, many endured multiple and prolonged detentions in multiple sites
- We know that angry, distrustful, isolated men present risks to their own health including substance use, cardiovascular disease, dementia, stroke, depression, anxiety, and premature death
- For each man who experiences torture in detention, there are partners, children, families, and communities who suffer
- Our call to action: Expand this research, early identification and outreach, implement evidence-based, male-centered treatment to limit the devastating sequelae of sexual and physical violence in conflict



DR. ALSHARIF'S VIDEO MESSAGE




BIO AND CONTACT INFO:

coleen.kivlahan@ucsf.edu

Coleen Kivlahan MD, MSPH is a family medicine physician and an international expert and trainer in forensic medical evaluations (FMEs) of torture and ill-treatment. A UCSF Professor of Family and Community Medicine, sees clients with the UCSF Human Rights Collaborative (HRC). She leads students, residents and faculty in the delivery of trauma-centered evaluations for asylum seekers and provides state, national and international training in medical human rights documentation. The team has published 5 papers in the past 18 months using our novel REDCap innovation to optimize data collection. She piloted a standard form in Eastern DRC, has been the lead trainer for Syrian physician FMEs since 2012, and is working with Ukraine forensic experts to standardize data collection in cases of CRSV.

dr.moh.shareef@gmail.com

Mohamed AlSharif MD; Aleppo University Medical degree, 2011. Primary care doctor working in northwest Syria with medical relief organizations. Currently working as a medical director for several hospitals and health centers with the Syria Relief and Development Organization (SRD). Basic and advanced training in child and adult forensic medical evaluations (FMEs) of sexual violence, torture and inhuman treatment in accordance with UN Manual on the Effective Investigation and Documentation of Torture and Other Inhuman and Degrading Treatment or Punishment (Istanbul Protocol). Lead LDHR FME and United Nations Population Fund (UNFPA) trainer. Co-first author of Kivlahan, Al Sharif, Elliott et al (2023) Long-term physical and psychological symptoms in Syrian men subjected to detention, conflict-related sexual violence and torture: cohort study of self-reported symptom evolution. *eClinicalMedicine*, 2024;67: 102373.



PAPER CITATION:

- Long-term physical and psychological symptoms in Syrian men subjected to detention, conflict-related sexual violence and torture: cohort study of self-reported symptom evolution. Kivlahan C, AlSharif M et al.
- [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00550-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00550-3/fulltext)

