



UNFPA Role in Sexual Violence in Conflict Survivors: Dohuk Case Study, Iraq

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UNFPA believes that every woman and girl has the right to have access to affordable reproductive health care and be effectively protected from gender-based violence. UNFPA and partners are scaling up efforts to empower and improve the lives of women and youth and impacted communities in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.

UNFPA: Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNFPA RESPONSE TO SURVIVORS OF SEXUAL VIOLENCE IN CONFLICT

Since the onset of the crisis, UNFPA has been in the forefront in supporting the interventions for sexual violence survivors (women and girls) through working with the Kurdistan Region of Iraq (KRI) government and local NGO; the support has been in the following

Outreach on available services

Mobilizing community through Psychosocial Support Mobile Teams for awareness on where services are and referrals to underserved areas

Safety Audits and assessments for a culturally sensitive and needs based response

CONTEXT OVERVIEW:

Members of Iraq's diverse ethnic and religious communities, including Turkmen, Shabak, Christians, Yezidi, Sabaeans, Kaka'e, Faili Kurds, Shi'a Arabs, and others, have suffered from a range of serious violations of international humanitarian law and gross abuses of human rights in the hands of ISIS and those associated with them. These have included executions and other targeted killings, abductions, a system of organized rape and sexual assault, sexual slavery, and forced marriage by ISIS forces. It is therefore evident that, Sexual violence has been used as part of the ISIS strategy of spreading terror, persecuting ethnic and religious minorities and suppressing communities that oppose its ideology. Following its seizure of Mosul and surrounding areas in June 2014.¹

This resulted in Dohuk Governorate among others, to be a home to internally displaced persons (IDPs) mainly from Sinjar and Mosul approx. of 500,000 plus, coupled with already existing Syrian Refugee caseload of approximately 120,000.

UNAMI reported that as of 6 November 2014, approximately 2,500 women and children, most of them members of ethnic and religious minorities, remained in captivity with ISIS in northern Iraq. Many of the women and girls remain missing. However, from August 2014, Reports of sexual violence began to surface and when some of the men, women and children managed to escape from ISIS and make their way to the Kurdistan Region especially Dohuk. First-hand accounts from internally displaced persons confirm reports of systematic sexual violence, particularly against Yezidi women and girls, with most victims aged between 8 and 35 years.² The situation has left physical, psychological, social, and economic scars on women, girls, families, and communities that require immediate lifesaving responses. According to Human Right Watch report (2015), Out of 105 women examined/treated at the health facility, 70 of them appeared to have been raped in ISIS captivity. All of the women and girls interviewed exhibited signs of acute emotional distress.³ It also to be noted that, many of these survivors remain separated from relatives and sometimes their entire families, who were either killed by ISIS or remain in ISIS captivity (ibid).

Sexual violence service provision

Provision/prepositioning post rape kits to the Directorate of Health (DoH) facilities around Dohuk Health facilities and whole KRI

Support in extra Human Resource for Health management of sexual violence survivors including examination and Treatment of any health related conditions

Support the DoH in referral mechanisms for sexual violence survivors (transport to and from DoH to their communities)



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Establishing women social centres (WSCs) in IDPs camps and support NGOs to provide psychosocial and recreational activities as entry points for group therapy

Establishing/strengthening survivor centre at DoH as a confidential service for sexual violence survivors, in response to the family members and survivors of sexual violence request not to use common services such as the women community centres

Capacity building

Capacity building of front line service providers (health workers; case managers, social workers and psychologists) to provide acceptable services to the survivors;

Trained 11 physicians in Dohuk for clinical management of rape

Supporting peer education for young girls to enhance their life skills

Strengthening directorates and existing structures (DoH, Ministry of Labour and Social Affairs Ministry of Labour and Social Affairs and Directorate for Combating VAW) to provide support to GBV survivors and to enhance GBV prevention approaches

Coordination

UNFPA is chair of GBV working group coordinating SGBV activities through SGBV working group with government



IDPs women receiving UNFPA dignity kits that includes personal hygiene supplies and other essential items for women, Iraq.

Credit: UNFPA, 2015.



Women and young girls listening to health and gender-based violence related messages during a recreational activity session at Serwan Women Social Centre, Iraq.

Credit: UNFPA, 2015.

QUICK FIGURES

IRAQ:

IDPs AFFECTED BY THE CRISIS	2,500,000
IDPs WOMEN AND GIRLS OF REPRODUCTIVE AGE	900,000
IDPs ADOLESCENT GIRLS (13-18 YRS)	350,000
IDPs FEMALE HEADED HOUSEHOLDS	12-15 %
IDPs PREGNANT WOMEN (Based on high Birth rate in Iraq (40/1000))	160,000

SOURCES: UNHCR, and UNFPA - March 2015



UNFPA-SUPPORTED WOMEN'S SPACES

45
(9 for refugees)

UNFPA IS GRATEFUL FOR THE SUPPORT OF THE FOLLOWING DONORS
Canada, Saudi Arabia and United Kingdom.

UNFPA PARTNERS IN DOHUK

Government partners: Directorate for Health (DoH), Ministry of Labour and Social Affairs (MOLSA), Directorate for Combating Violence Against Women (DVAW), NGO partners: Harika, Women Rehabilitation Organisation, Nujeen, Serwan, DIGC, ZSVP.

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