



UNITED NATIONS POPULATION FUND - IRAQ
صندوق الأمم المتحدة للسكان - العراق

The Assessment of the Needs of and The Services Provided to Gender- Based Violence Survivors in Iraq

ACKNOWLEDGEMENTS

The United Nations Population Fund (UNFPA) would like to extend its appreciation and gratitude to the Ministries and the local and international organizations for providing extensive support and assistance in conducting The Survivors' Needs Assessment (2018) in order to better understand the needs of and services provided to survivors of Gender-Based Violence (GBV) across Iraq.

We are also indebted to all the survivors and case managers who bravely participated in this study.

Without them, this assessment on such a large scale would not have been made possible.

We sincerely hope that the findings revealed on the needs of the GBV survivors and services, as well as lessons learnt and recommendations made from this assessment will strengthen the multi-sectoral GBV prevention and response services to the needs of the survivors in Iraq. Last but not the least, heartfelt thanks to all those who collaborated in this endeavor, especially the following Ministries and organizations;

RESEARCHERS AND AUTHORS:

Dr. Luqman Karim

Indai Sajor

PARTNERS:

1. MoMD - Iraqi Federal Government
2. MoLSA - Iraqi Federal Government
3. Ministry of Interior - Iraqi Federal Government
4. Ministry of Health -Iraqi Federal Government
5. Ministry of Health -KRG
6. MoLSA - KRG
7. Ministry of Interior - KRG
8. Ministry of Justice - KRG
9. Directorate of Health - General Health Unit (Anbar, Diyala, Karbala, Salahaddin)
10. GDCVAW - Sulaimaniya
11. Directorate of Social Care - Sulaimaniya
12. Yarmouk Hospital - Baghdad
13. Agence des Services Frontaliers du Canada(ASFC)
14. International Rescue Committee (IRC)
15. International Medical Corps (IMC)
16. Gender Studies and Information Organization(GSIO)
17. Islamic Relief Organization
18. Iraqi AL-Amal Association

19. Civil Development Organization (CDO)
20. Asuda Organization
21. People's Development Organization (PDO)
22. Danish Refugee Council (DRC)
23. Khair Humanitarian Organization
24. Afkar Society for Development
25. Cooperation and Collaboration Organization
26. Mercy Hands for Humanitarian Aid
27. Un Ponte Per (UPP)
28. Noor al Rahma for Human Rights
29. Harikar NGO
30. TAJDID-IRAQ Organization
31. Iraq Health Access Organization NGO
32. Sewan Women's Empowerment Organization
33. Shanaz Organization
34. Public Aid Organization (PAO)
35. Al-Awj Development Foundation
36. Women's Charity Organization
37. Smile of Hope Organization
38. Bent Al-Rafedain Organization
39. SOROUH for Sustainable Development Foundation
40. Mina Organization for Humanitarian Relief and Development
41. Vera Humanitarian Institution for Women's Development
42. World Vision International (WVI)
43. Women Rehabilitation Organization (WRO)
44. Zakho Small Villages Projects (ZSVP)
45. Al-Messalla Organization / Women Space Center in Ninawa
46. Emma Organization for Human Development(EMMA)
47. Sonahi Organization for Social Development
48. NCA Organization
49. The United Iraqi Medical Society (UIMS)
50. Democracy and Human Rights Development Center (DHRD)
51. Rasan Organization
52. Baghdad Women's Association
53. ALTAQWA Association for Women and Child Rights
54. Iraqi Woman Foundation
55. Len Reynolds Trust Organization
56. Intersos Organization
57. Al Basma Association for Women and Children
58. Woman for Supporting Woman Association
59. Al Takatof for Family Development
60. Iraqi and Arab Women
61. Volunteerism and Development

The Assessment of the Needs of and The Services Provided to Gender - Based Violence Survivors in Iraq



This document has been produced with the financial assistance of Canada, Sweden, and the European Regional Development and Protection Programme (RDPP) for Lebanon, Jordan and Iraq, which is supported by Czech Republic, Denmark, European Commission (DEVCO), Ireland, Netherlands, Norway, Switzerland, and United Kingdom. The contents of this document are the sole responsibility of UNFPA and can under no circumstances be regarded as reflecting the position of the Canada, Sweden, and RDPP.



FOREWORD

With the end of the large-scale military offensives in late 2017 and the liberation of all areas from the Islamic State in Iraq and the Levant (ISIL), the humanitarian crisis in Iraq entered a new phase of recovery and reconstruction. Therefore, attention must now also turn to longer-term priorities.

Despite the new transition, the devastating impact of the three-year battle on women and girls in Iraq remains profound as Gender-Based Violence (GBV), including sexual violence and forced marriages, was used as a weapon of war.

However, GBV is not only the result of the conflict in Iraq, but exists within the different communities in the country; approximately 63 per cent of incidents are perpetrated by partners, brothers, fathers and mothers. For that reason, UNFPA, in partnership with the GBV subcluster and working groups members, conducted a Survivors' Assessment in order to identify the evolving needs of the survivors of Gender-Based Violence (GBV) across Iraq.

As an outcome of this assessment, a list of recommended actions has been developed; including policy action and capacity building of government and local partners, to ensure that GBV survivors receive the care and support that they need and to strengthen the GBV multi-sectoral prevention and response in Iraq.

It is important that the government decisions and systems related to the protection of and services offered to the survivors of GBV are adequately tailored based on the identified needs of these survivors.

A logical output of the needs assessment will be a Survivor Support Strategy owned by the government authorities and a capacity development plan for government institutions to provide the services required by GBV survivors throughout the country.

UNFPA, and GBV actors across Iraq, will continue to work closely with government agencies, civil society organisations and other service providers to ensure that the safety, protection, and dignity of the GBV survivors, remain a priority in the upcoming years.

Dr. Oluremi Sogunro
UNFPA Representative to Iraq

Survivors Needs Assesment

—
The Assessment of the Needs of and Services Provided to
Gender - Based Violence Survivors in Iraq

LIST OF ABBREVIATIONS	1
EXECUTIVE SUMMARY	2
1 BACKGROUND OF THE ASSESSMENT	6
2 ETHICAL CONSIDERATION	10
3 BACKGROUND OF THE HUMANITARIAN CRISIS IN IRAQ	14
4 KEY FINDINGS	22
5 RECOMMENDATIONS	80
6 REFERENCES	86
7 APPENDICES	91

LIST OF ABBREVIATIONS

CMR	Clinical Management of Rape
FGD	Focus-Group Discussion
GBV	Gender-Based Violence
GDCVAW	General Directorate of Combatting Violence against Women
IDP	Internally Displaced Person
IOM	International Organization for Migration
ISIS	Islamic State in Iraq and Syria
KII	Key Informant Interview
KRI	Kurdistan Region of Iraq
KRG	Kurdistan Regional Government
MoLSA	Ministry of Labor and Social Affairs
MoMD	Ministry of Migration and Displacement
MHPSS	Mental Health and Psycho-Social Support
NGO	Non-Governmental Organization
No.	Number
PSS	Psychosocial Support
SA	Survivor Assessment
SPSS	Statistical Package for the Social Sciences
STIs	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund

EXECUTIVE SUMMARY

This assessment of the needs of the gender-based violence survivors and services provided to them was conducted in 11 governorates across Iraq under the technical guidance of UNFPA in Iraq and in collaboration with partners including Government ministries and entities, UN agencies, local and international organisations working on GBV prevention, mitigation and response services.

The Survivors Needs' Assessment aims at evaluating the multi-sectoral needs of the GBV survivors, including harmful traditional practices, the nature and capacity of services available and the barriers reported in accessing those services.

The study focuses on the survivors' needs amongst the Internally Displaced Persons (IDPs), refugees, returnees and host communities while engaging GBV survivors, case managers, humanitarian actors, and government institutions.

The assessment relied on both quantitative and qualitative tools for data collection, and analysis through interviews with survivors, case managers and Focus Group Discussions (FGDs) held with the humanitarian actors and relevant government institutions.

To gain a much deeper understanding of the survivors' needs and the services provided, key experts were interviewed.

These interviews offered strategic direction which constituted the foundations for the recommendations and findings of this report.

Some of the key findings of this assessment are:

First: Survivors:

- Women and girls have experienced GBV incidents four times more than males. Emotional abuse denied access to resources and domestic violence constituted the vast majority of GBV incidents. Sixty-three per cent of all the GBV incidents were perpetrated by the intimate partners, brothers, fathers and/or mothers.
- Female survivors had better access to social support centres (e.g. women's and youth centres) twice as

much as male survivors. However, 82 per cent of survivors did not report incidents to the police.

- Access to services was reported the lowest amongst the returnees (31%), followed by the host communities (49%), and the IDPs in the camps (64%). The access to services was reported the highest in the refugee settings at 78 per cent.

- The level of satisfaction towards health, psychosocial support, safety, legal and referral pathway services was the lowest amongst the returnee survivors (35%), followed by the refugees (54%), and the host communities (59%). The satisfaction rate was the highest amongst the IDPs at 60 per cent. Psychosocial support services were rated the most satisfactory while case management services were the lowest.

- Survivors needed the following services most:

- **The IDPs** were primarily in need of psychosocial support, including emotional support and psychosocial counselling, followed by primary health care services, including medical consultations and provision of medications, and thirdly food and livelihood support.

- **The refugees** were primarily in need of psychosocial support, including emotional support and case management, followed by livelihood projects, and thirdly primary health care services, such as the provision of medications and medical consultations.

- **The returnees** were primarily in need of food and primary health care services, followed by livelihood opportunities and safety and security, and thirdly education services.

- **The host communities** were primarily in need of psychosocial support, including emotional support and awareness raising, followed by livelihood projects and primary health care services, including medical consultations and provision of medications.

- The main reasons for the lack of access to services were:

- **For the IDPs:**

- a) fear of revenge and punishment,
- b) fear of social stigma, and
- c) lack of faith in the police and lack of awareness about available services.

- For the refugees:

- a) fear of social stigma,
- b) fear of revenge and punishment, and
- c) concerns about breach of confidentiality and lack of awareness about available services.

- For the returnees:

- a) lack of awareness about available services,
- b) fear of revenge and punishment, and
- c) fear of social stigma.

- For the host communities:

- a) lack of awareness about available services,
- b) fear of social stigma, revenge and punishment, breach of confidentiality, and
- c) lack of faith in the police.

Second: Case managers:

- According to case managers, the GBV survivors needs were classified based on priority as follows:
 - a) psychosocial support,
 - b) primary health care services,
 - c) livelihood opportunities, and safety and security,
 - d) food, and
 - e) legal and education services.
- As for primary health care services, the medical counseling and provision of medications were categorised as the two most fundamental needs, respectively. The most pressing psychosocial needs were psychosocial, mental and emotional support, in addition to livelihoods. The most identified needs from a safety and security perspective were Amongst legal support needs, the need for legal counselling and representation, and support with re-issuance of legal documents.
- The level of survivors' access to GBV prevention and response services was the lowest amongst the returnees (24%), followed by 65% amongst members of the host communities, 70% amongst the IDPs, and was the highest amongst refugees at 88%.
- Access to services in a regular and timely manner was the lowest amongst the returnees (25%), followed by the IDPs (68%), and the host communities (74%),

and was the highest amongst the refugees (100%).

- The types of available services to survivors as classified by case managers were

- a) psychosocial support services,
- b) health care services,
- c) legal services, and
- d) safety and security support, respectively.

- The case managers' satisfaction with services was classified from the highest to the lowest as follows:

- a) psychosocial services,
- b) health care services,
- c) safety,
- d) legal services, and
- e) referral services.

- Among the most prominent reasons behind the survivors' lack of access to services were

- a) lack or little awareness about available services,
- b) fear of revenge and punishment and
- c) fear of social stigma.

Third: FGDs with ministries:

- There are no annual assessments for services offered for GBV survivors. Little data is collected through statistics.
- Support for the GBV survivors is not sufficient. There is no support nor shelter available to male survivors.
- There is a lack of gender balance within the ministries' workforce. For example, most of the employees at the Ministry of Interior are men, which makes it difficult for female survivors to report their problems or concerns.
- There is little coordination for case referrals amongst relevant ministries. Factors that made the process of case referrals ineffective are:
 - Withdrawal of cases by the survivors due to fear, shame or social stigma.
 - Threats to physicians as a mean of preventing them from writing medical reports, particularly in the areas

of new returns.

- Delays in the communication between ministries, especially on requests related to medical reports.
- Delays in court decisions.
- To improve the delivery of services, the focus groups suggested the following:
 - Increasing financial support (cash assistance and livelihood opportunities).
 - Increasing psychosocial services and establishing more MHPSS services.

Fourth: FGDs with humanitarian actors:

- Currently, the most urgent need, especially for the recently-liberated areas, is safety and security services (provision of shelters), followed by psychosocial services and health services.
- The provision of services, particularly legal, security, and safety services to survivors (especially to returnee survivors), did not meet expectations of the survivors.
- The main obstacles to the provision of services to returnee survivors in (Salahaddin, Anbar, Ninawa, Diyala, Kirkuk) are:
 - Safety and security challenges and the presence of militant groups
 - Fear of social stigma and revenge
 - Lack of protective spaces/ shelters for survivors
 - Tribal customs and traditions that are anti-women, and put women and girls in a disadvantaged position in most matters
- The main obstacles to the provision of and access to services to survivors (in Erbil, Duhok and Sulaimaniya) are:
 - Lack of sufficient funding and lack of continuity in humanitarian projects
 - Government institutions' lengthy bureaucratic processes
 - Lack of awareness in regards to the available services
- The main obstacles to the provision of and access to services in (in Baghdad, Basra, and Karbala) are:
 - Long distances between services and survivors places

of residence

- Dominance of harmful practices and traditions observed by the local communities
- Insufficient funding for the prevention and response to GBV issues





CHAPTER 1

BACKGROUND OF THE ASSESSMENT

BACKGROUND OF THE ASSESSMENT

This assessment study was conducted in the background of ever changing political and security situation in Iraq resulting in the ISIS arrival in 2014 which created huge IDPs crisis, but also, the continued Syrian refugees crisis which Iraq continues to host to this date that requires humanitarian response. While the war against ISIS is mostly over, and majority of the IDPs have returned to their areas of origin, there is still a significant population who continue to live in the camps and in host communities, some in very hostile and unsafe conditions posing protection risks including exposure to different forms of Gender-Based Violence (GBV). United Nations Population Fund (UNFPA) along with partners of the humanitarian community is actively playing its part in responding to the urgent, immediate, time critical and life-saving as well as the early recovery and rehabilitations needs of the affected population, particularly vulnerable groups, women and girls in particular, and the survivors of GBV.

The significance of this assessment lies in its comprehensiveness, which covered 11 governorates in Iraq, especially those densely populated with the refugees and the IDPs, but also regions which remained under the ISIS control and hit hard in the backdrop of the recent military and political conflicts. Prior to the Survivors' Needs Assessment, there was no holistic and comprehensive GBV specific assessment conducted from the perspective of survivors and other stakeholders in Iraq on such a large scale. As a result, organizations providing

prevention and response services were not able to grasp the overall picture on the needs of GBV survivors amongst the IDPs, the returnees, the refugees and the host communities as well as to assess the capacity of the response services. In this backdrop, the Survivors' Needs Assessment was conducted with the following objectives;

1. Identify and understand the most prominent types of GBV
 2. Assess and present the most important needs of the GBV survivors
 3. Explore and present the services provided to the GBV survivors
 4. Assess the capacity of the humanitarian organizations and the government institutions in providing services to survivors
 5. Propose recommendations to improve the provision of services and develop strategies necessary to strengthen the capacity of government institutions and humanitarian organizations in Iraq, to better assist and respond to the complex needs of the GBV survivors in the aftermath of incidents of GBV
- Participants of this assessment included women, girls, men and boys representing survivors in the refugee and the IDP camps, women centers, protection shelters, and youth centers. Data have also been collected from remote and high-risk regions which have received no services. Importantly, this assessment has placed the needs of GBV survivors and their access to services at the forefront of its focus.

Methodology of the Assessment

The Survivors' Needs Assessment generally employed a deductive, analytical process where conclusions and recommendations were drawn on the basis of data collected through survey questionnaire from the survivors of GBV and Case Managers, as well as from various service providers and relevant ministries through FGDs.

A: Quantitative Methods

1. A questionnaire exclusive to the GBV survivors was given in person and filled in by the participants to assess their needs and services provided to them. The aim was to get a first-hand deeper insight of the identified needs of the survivors and services required
 2. A questionnaire exclusive to GBV case managers was given in person and filled in by the participants to assess the needs of and services provided to GBV survivors from the perspective of case managers.
- Both questionnaires incorporated same types of questions with the same objective: to know the needs of and quality of services provided to GBV survivors.

B: Qualitative Methods

FGDs as a popular qualitative method of collecting data was employed in the following order to obtain in-depth information from the service providers as well as relevant ministries;

1. A set of questions (structured discussion) was used in discussions with the organizations and humanitarian actors about their perceptions on needs of the GBV survivors and the quality of services provided to them. Moreover, the interviews also included questions about the capacity and performance of organizations with regard to responding to the needs of and providing services to the GBV survivors.
2. A set of questions was used in discussions with the government institutions and relevant ministries. This aimed at assisting government and local authority agencies to identify the most appropriate and effective ways of dealing and interacting with in the prevention of and response to GBV.
3. Semi-structured interviews (KII) were conducted

with those who work in and are knowledgeable about the area of prevention of and response to GBV in different governorates. In the quantitative part and to enter the data, the SPSS was utilized.

Scope of the assessment

1. Geographical scope: This assessment was conducted in 11 governorates in Iraq, which are: Anbar, Baghdad, Basra, Duhok, Diyala, Erbil, Karbala, Kirkuk, Ninawa, Salahaddin, and Sulaimaniya. Using a scientific sampling method, 170 locations in these 11 governorates were selected for the study.
2. Timeframe: This assessment went through a number of stages from the 15th of September 2017 until its completion in 10th of May 2018
3. Assessment scope: Data were collected from 1,000 GBV survivors, 200 case managers, whereas eight sessions were held with the ministries from both the Central Government in Baghdad and the Regional Government in Erbil, as well as 11 FGDs sessions held with organizations at the level of governorates. A total of 150 participants took part in the FGDs sessions. Overall, over 60 organizations and eight ministries (Ministries of Health, Justice, Interior, Social Affairs and Displacement and Migration) in Baghdad and Erbil took part in this assessment.

Selection of locations and Sample Strategy

This assessment was conducted in women's social centers, areas populated by the IDPs inside and outside camps, the refugee camps, shelters, and youth centers, areas in the city centers, remote areas, regions where no GBV prevention and response services were available, and high-risk areas such as Hawija. The selection of these locations for the assessment was based on a scientific method as shown in the appendix 1. To this end, a number of selection criteria were used on the basis of inside cities, outside cities, inside the camps, and outside the camps.





CHAPTER 2

ETHICAL CONSIDERATION

ETHICAL CONSIDERATIONS

The survey questionnaires were designed and conducted in line with the principle of 'do no harm'. The questionnaire design and actual data collection emphasized the need for informed consent and choice of the potential respondents to withdraw at any stage of the entire questionnaire if they need to, or should they feel so. Prior to the circulation of the questionnaires, the assessment team reviewed for ethical compliance, drawing heavily from the key protection principles and the sound knowledge of the cultural environment of the different governorates. The data collection tools were reviewed for any possible sensitivity of their content to the potential participants. In addition to providing sufficient technical skills including the use of the data collection tools to minimize errors related to data collection, enumerators were intensively trained on ethical consideration when obtaining data/information from the respondents, survivors stratum of the respondents in particular.

This assessment employed a number of mechanisms to apply these ethical considerations while interacting with and interviewing survivors and case managers, such as:

1. Assigning experienced and skilled individuals to conduct the interviews with GBV survivors. In most case, the interviews were conducted by case managers without the involvement or knowledge of other third party individuals.
2. Several workshops and training sessions were held in the governorates on how to conduct interviews, communication skills and strategies, active listening, and observing codes of conduct while interacting with the GBV survivors.
3. All the participants were explained the purpose

and nature of the research and the informed consent prior to the interviews. The form was given to all the participating survivors, case managers, and FGDs participants. At the end of each interview or questionnaire, the forms were filled out and submitted by the participants.

4. To adhere to the principle of showing and maintaining respect for GBV survivors and participants, following measures were taken into account:

- Ensure all the contacts and interviews take place in a safe environment where the participants would feel safe, both physically and emotionally.
- Ensure the interviews are conducted by someone of the same gender as the interviewee. Male participants were interviewed by male interviewers, and vice versa.
- Maintaining an anti-discriminatory approach and policy in dealing with all the participants.
- Avoiding judgmental presumptions and showing respect for the survivors' opinions, wishes and feelings.
- Avoiding all improper behaviors or those which could potentially hurt the survivors.
- Maintaining active listening while interviewing.
- Asking questions relevant to the scope and objectives of the assessment only and avoiding unnecessary or inappropriate questions.⁽¹⁾

5. All the interviewers had been given necessary training on acting professionally or not engaging in ill-suited or improper questions or discussions beyond the intended interview questions. Following the "Do No Harm" principle: no further contacts or interviews were conducted had there been concerns which would likely lead to harming the wellbeing or exacerbating the condition of GBV survivors either in the short or long run.

6.Maintaining confidentiality: this was in part achieved by conducting all the contacts and interviews in safe and secure locations where the participants felt protected, both physically and emotionally. The identities of the participants were kept anonymous and under no circumstances revealed to any third party members. To this end, all the interviews were conducted through case managers without the involvement of others. Moreover, no informed consent forms were attached to the questionnaires to avoid giving hints on the identity of the survivor participants.

7.Following the “Do Not Traumatize” approach: the interviewers received necessary training on how to avoid leading survivor participants to retell their stories repeatedly.

8.Willingness to intervene in the case of realization that the survivor is in need of receiving certain services.⁽²⁾

9.Making participation in the assessment for all the

survivors and case managers voluntary.

10.Avoiding places for conducting the interviews where the participants were likely to feel ashamed or embarrassed.

11.Informing all the participants that answering the entire and/or any questionnaire or interview questions was optional, that they had no obligation to answer any questions, and they could withdraw from the interviews at any time.

Legal Considerations

1.Prior to all the contacts and interviews with the participants, approvals were obtained from the camps, shelters, centers, etc., and all the legal procedures were followed as per regulations from the designated ministries and local authorities.

2.Informed consent forms were distributed and signed.

3.In case of participants under the age of 18, an assent form was given to and signed by their parents.





CHAPTER 3

BACKGROUND OF THE HUMANITARIAN CRISIS IN IRAQ

-BACKGROUND OF THE GENDER-BASED
VIOLENCE ISSUES IN IRAQ

BACKGROUND OF THE HUMANITARIAN CRISIS IN IRAQ

Decades long regional political instability and continuous internal conflicts have led to a large scale population displacement and forced movement across the region in Iraq, resulting in an unprecedented socio-economic problems, psychological and mental health issues not only for the displaced population but to some extent host communities too, who are equally affected. In 2014, a terrorist organization called Islamic State in Iraq and Syria (ISIS) emerged and seized control of a large portion of Iraq's territories.

Nearly 2.5 million people were forced leave their homes and fled to the safer regions. In 2015 and 2016, a further one million and 700,000 people respectively became displaced in addition to another 1.7 million in 2017.⁽³⁾ According to some reports, a total of six million people, or roughly 15% of the entire country's population became displaced as a result of the war against the ISIS.⁽⁴⁾ This created an unprecedented humanitarian situation in Iraq affecting almost every domain of the society. According to some estimates, 11 million Iraqi people were in need of some type of humanitarian assistance in 2017, a figure higher than ever recorded in the country's history.⁽⁵⁾

While recent political instability and conflicts have affected every group of the Iraqi society, it has impacted women and children in particular, exposing their vulnerabilities and risks to protection concerns, including but not limited to forced marriages, different forms of violence including Gender-Based Violence, transactional sex, rape, and whereas some have succumbed to sexual exploitation and abuse as a negative coping mechanism as well as part of survival struggle in order to meet life-saving needs. There are also reported cases of women and girls who experienced rape and sexual violence and were

abandoned by their own families. In some cases, the identities of children born out of rape remained questionable because of lack of civil and legal documentation. Many women have also experienced mental health issues and psychological problems as a result of widespread reported cases of rape and sexual violence, harassment, neglect, and social and economic pressures.⁽⁶⁾

The continuous war and conflicts as well as militancy have also negatively affected public services including health sector- one of the most important services, particularly for survivors of rape. It is imperative to mention that many health facilities have been destroyed or partially damaged in the conflict affected areas.

After four years of military operation, in December 2017, the Iraqi Government declared the end of the war on the ISIS which led to the return of a large number of IDPs to their areas of origin. Of those who had fled their homes since or during the conflict from 2014, more than four million displaced individuals had reportedly returned to their homes by August 31, 2018.⁽⁷⁾ However, there are still a considerable number of people who remain displaced. According to International Organisation of Migration (IOM) Iraq, around 2 million people are still displaced living across some of the governorates in the Kurdistan Region of Iraq (KRI). Approximately 602,000 in Ninawa, 349,000 in Duhok, 217,000 in Erbil, 169,000 in Salahaddin, 151,000 in Sulaimaniya, and 124,000 are currently living in Kirkuk. 1.2 million of the displaced population live in privately rented or owned accommodations, 574,000 of them live in camps, while 176,000 in safety shelters.⁽⁸⁾

Those who have not returned face numerous challenges to their return such as the destruction of

their homes , the lack of basic services in addition to financial difficulties including lack of viable sources of livelihood.⁽⁹⁾ The lack of employment and licit income generating opportunities besides security threats and risks which are also some of the major barriers to their return.⁽¹⁰⁾

Families and individuals who lived under the rule of the ISIS had reportedly encountered different forms of Gender-Based Violence (GBV). Those who fled ISIS persecution and lived in displacement also reportedly experienced GBV due to adverse financial and social circumstances and are in critical need for basic response services including medical, psycho-social, legal and financial support in addition to their life-saving safety and protection needs from perpetrators of GBV.

Apart from the IDPs and the returnees population, the unmet as well as life-saving needs of some 250,000 Syrian refugees need to be met as they are expected to remain in Iraq in view of prevailing political and security instability in Syria. These refugees will continue to need assistance in Iraq.⁽¹¹⁾ As of January 2019, the humanitarian community comprising UN organization, as well as approximately 102 INGOs and NGOs are responding to the short-term life-saving as well as unmet needs of the affected IDPs, returnees, refugees and host communities.⁽¹²⁾ The lack of new funding commitment from donors, and the receding humanitarian funding, nevertheless, is limiting service provision to the affected population, resulting in the increase of exposure of vulnerable groups to various forms of protection concerns including sexual exploitation and abuse, as well as GBV including harmful traditional practices including forced marriages, transactional sex.⁽¹³⁾

While the needs of the IDPs and the refugees are

severely complex, the returnees too are braced up with huge challenges in their rehabilitation and recovery efforts on the face of their return to fully destroyed or partially damaged houses in the backdrop of lack of viable licit means and sources of income generation or livelihood opportunities in the areas of return. The assessment jointly conducted by Iraq's Ministry of Planning and the World Bank predicted that the reconstruction process will take over 10 years which requires over 88 billion US dollars in the reconstruction and rehabilitation efforts in order to bring lives to some level of normalcy in the returnees areas.⁽¹⁴⁾

BACKGROUND TO GENDER-BASED VIOLENCE ISSUES IN IRAQ

Gender-Based Violence (GBV) is an umbrella term which includes any harmful behaviors, acts of violence or threats of such acts that result in suffering, hatred, deprivation of liberty, and/or physical, sexual, or psychological harm to women.⁽¹⁵⁾ Gender-based violence is a phenomenon deeply rooted in gender inequality, and continues to be one of the most notable human rights violations within all societies. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls. Global estimates published by WHO indicates that about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.

Gender-based violence and violence against women are terms that are often used interchangeably as it has been widely acknowledged that most forms of gender-based violence is inflicted on women and girls, by men. However, using the 'gender-based' aspect is important as it highlights the fact that many forms of violence against women are rooted in power inequalities between women and men. The incidence of GBV is a marker of gender inequality and intertwined with the larger societal structure.

In many societies, women do not have the same socio-economic standing as men. The Iraqi society is no exception. Women have significantly less decision-making power and control over their own or their children's lives. Women have less access to social, political and economic spaces and hence could become poor, vulnerable and lacking in political influence due to inequality, marginalization, social exclusion and socio-economic disempowerment. In some cases, their rights are violated or denied, including access

to basic health services. These are some of the factors that are likely to indicate if GBV practices are prevalent in society in view of low cases of reporting due to variety of reasons including fear of social stigma or social exclusion. In the Iraqi society which is still largely organized based on a set of macrostructures, there is little recognition for the role of individuals, particularly women and girls, in making their own free choices and decisions. Individuals are expected to follow cultural norms and traditions. It is also a society where GBV is widely practiced, warranting serious investigation and intervention, yet acts of different forms of GBV, such as female genital mutilation, underage and forced marriages, physical and emotional abuse, denial of resources and opportunities, honor killing etc., are considered normal and acceptable due to the process of gender indoctrination.⁽¹⁶⁾

Women often become more vulnerable in humanitarian crisis due to their unique vulnerabilities. The humanitarian crisis developed due to the emergence of the ISIS exacerbated the already prevalent GBV risks as a result of displacement. Displacement separates families. It considerably increases the trauma of gender-specific physical insecurity as well as emotional abuse. Resultantly, women become more susceptible to protection risks and hence increasingly more dependent on men for social protection, in some cases on men who are not known to them.

The military operation against ISIS has come to its end, resulting in liberation of the territories that remained formerly under the control of the ISIS. Nevertheless, a whole set of gender-related issues including different forms of GBV continues to exist, some, bearing life-threatening consequences for the survivors. Women who have had experienced

rapes from the members and associates of the ISIS are living in extreme poverty and in some cases also experiencing Post-Traumatic Stress Disorder (PTSD), social exclusion and rejection and self-blaming and low-self-esteem. In the absence of appropriate family and social support system, majority of the cases of GBV are not reported including the consequences of the acts of GBV because of fear of aforementioned reasons, mostly social rejection and stigma associated with acts of GBV that potentially bring shame to the family. The infrastructure of the recently security cleared areas of return have been severely damaged, hindering access to public services including health which is often the first point of contact that could respond to a survivor's immediate health needs. ⁽¹⁷⁾

The immediate security and protection of the survivors from perpetrators of GBV is also a big 'challenge' in view of limited protection and refugee spaces/centres.

In addition to the aforementioned challenges that the returnees are facing, a sizeable number of IDPs currently living in the IDPs camps or host communities have reported cases of different forms of GBV, such as an increase in the prevalence of child marriages, domestic violence, school drop-outs because of various factors some owing to gendered roles, responsibilities, expectation, limitation and choices.

Polygamy is reportedly increased, a negative coping mechanism which is considered culturally appropriate but also deemed as viable source of protection and living for women who have for example lost male members of the family such as brother or father. GBV practices are also widely prevalent within the host-communities, owing to various cultural, economic, socio-political factors. Some of the deep rooted causes of that contribute to GBV in the context of this study are as follows :



Political and military makeup:

It is imperative to understand the political make-up and the use of force to usurp power in Iraq. Violence and the application of force have been a distinguished characteristic of the Iraq's political system from 1958 to 2003 as majority of governments were formed through undemocratic methods and coup d'état, which have had historically led to wide-spread human rights and women's right violation too.⁽¹⁸⁾ The very political environment had also led to creating a social structure in which girls and women faced oppression, exploitation, abuse and violence including gender-based violence.

The GBV-related practices such as child and forced marriages, honor killing, and bridal exchange of women prevalent and widely practiced in the Iraqi society signifies and implicates this decade -long history of political and social unrest.⁽¹⁹⁾

Women and girls under the rule of the ISIS controlled territories faced indiscriminate inhumane treatment and violation of their basic human rights such as forced marriages, sex slavery and acts of rape as well as sexual, physical and emotional abuse.

The minority of girls and women from Yezidi and Christian backgrounds in particular were subjected to these practices even more on the perceived pre-text as infidel or religious outsiders.

The violations heinously committed by ISIS on a wide scale with life-threatening consequences-remained as the unparalleled symbol of human suffering, but torture and extreme oppression.

Culture (social and gender norms):

In many societies, the cultural norms lead to or support unequal treatment of women including inflicting violence based on gender.⁽²⁰⁾ Over time, many people of these societies accept these practices and find them normal. An example is female genital mutilation which has been practiced for many centuries to the extent that even women see them as a regular, normal and

culturally acceptable procedure.

Using women for marriage dowries, polygamy and honor killing are similar practices.

On the other hand, some families feel pressured to abide by these social practices. For example, many families living in the IDP camps force their daughters to marriages without their consent because they feel threatened of social stigma⁽²¹⁾ The problem with strict observance of the cultural practices is that they become so well-established, acceptable and normal over time, that once you start challenging the utility of it, you are considered the insideroutsider who is a perceived threat to the very community and the culture at-large.

In a study conducted by People Organization for Development and Norwegian People's Aid in 2015 in the KR-I, 77% of respondents believed that women are less skilled than men and hence inferior to them.⁽²²⁾ These findings reveal the very deep-rooted cultural perception of women, based on their gender, as lower in ability and status- including social, economic and political.

In the Iraqi society, women have not been able to speak out for their rights and prevailing harmful traditional practices, perhaps because of the perceived feeling of shame for speaking openly in public which does not recognize and encourage gender equality and expects women to be modest, shy, tolerant and respectful towards family and prevailing social norms.⁽²³⁾

Like elsewhere in the world, in Iraqi socio-cultural fabric too, the family, society and the culture start assigning the gender roles with the birth of a baby.

It starts setting the roles and responsibilities, expectations, limitations and choices, etc. For example, boys are groomed to be strong, tough, resilient and brave, while girls, passive, modest and tolerant.

In the case of husband- wife relationship, a wife is expected to be subservient, obedient and submissive to her husband, and if she errors at time,

it is considered a legitimate right of the husband to physically or verbally abuse his wife as a method of disciplining her. This silence further aggravates the situation for a wife, since she exemplifies the gender roles to her children. Resultantly, witnessing the physical, emotional and verbal abuse at home, the children at a very tender age start learning that it is perfectly right for a boy or man to be aggressive and strong and hence has the right to physically, emotionally and verbally abuse their counterparts. This whole process of socialization which teaches children their gender roles is also called gendering or in more accurate terminology gender indoctrination which further make them internalize certain behaviors, attitudes and roles that are presumably anti-women and promotes patriarchy.

Economic factors.

The ISIS war and widespread insecurity have caused the destruction of infrastructure and assets in ISIS-controlled areas , severely impacted private sector investors' confidence, hence, resulting job losses, and increased in poverty and vulnerabilities of affected population in conflict affected areas.

The poverty rate increased from 19.8% in 2012 to an estimated 22.5% in 2014. The unemployment rate is about doubled as high in the governorates most affected by ISIS compared to the rest of the country.⁽²⁴⁾

Research studies show that ensuring equal access, ownership and control over economic resources by women and adolescent girls can be some of the effective measures to enhance resilience, reduce vulnerability and mitigate the risk of GBV in emergency context.⁽²⁵⁾

Women economic dependency on men in most situations manifest different types of GBV, including harmful traditional practices. So, the effects of this case can be seen on three dimensions:

1.Poverty is one of the main reasons of early marriages in most parts of the conflict affected regions including Iraq, coupled with cultural acceptance for early marriages that makes it a normal and a perceived rational choice particularly in emergencies as it reduces

economic pressure on the family.
2.The poverty of women has led the possibility of more women dependent upon men, less economic opportunities, and gender inequalities between men and women regarding access to resources and control over resources.

3.Budget cuts in KR-I undermining public service provision result in partial shutdown of facilities delivering services, and strikes by the public servants. Recently, the fees were introduced for some previously free healthcare services. Even a small fee becomes a burden for the IDPs, due to scarce financial resources they have. All these factors are causing delay in the public service delivery in all governorates of the KR-I.⁽²⁶⁾

Legal barriers:

The National Law generally regulates social, political, legal and economic order that improves relationship between people, groups and organisations resulting in overall stability. In Iraq, it is noticeable that laws made, interpreted and practiced is a reflection of the social and cultural construction that reinforces the gender order too.

For examples, Iraq's Penal Code (Article 409) minimizes penalty for 'honor killing' if for instance a judge finds that the motivation was victim's adultery. Accusations of adultery were used in the past as a major motivation for killing hundreds of women with perpetrators receiving minimized sentences.⁽²⁷⁾

Although the law no.

188 of the Personal Status in Iraq issued in 1959 amended, prohibits child marriages but in the article 8 of the same law interprets if a person reaches 16 years of age and chooses to get married, the judge can allow them if it is proven that the person is physically able to enjoy and perform responsibilities of marital life.

Moreover, the judge can allow a 15 years person to get married if the s/he is in the ultimate need for that.⁽²⁸⁾

Thus, it is established that certain provision in the law allows the underage to get married even if they are 15 which by definition of United Nations Convention on the Rights of the Child (UNCRC) is considered a child. It is imperative to mention that Iraq became a signatory to the UNCRC in 1994.

The Iraq personal status law contains a number of texts and provisions which contradicts international standards on the issues of human rights.

The lack of overall legal framework for Federal Government, Law to Combat Violence against Women is still pending in the Parliament.

This results in the lack of provision and availability of an appropriate legal framework for Family Protection Unit.

In KR-I, despite the confirmation of the law of combating domestic violence no 8, issued in 2011, in

the article 2 of the law, which explains 'any person, tied to a family relationship, is prohibited to commit domestic violence act including physical, sexual and psychological violence within family'⁽²⁹⁾ however, the implementation of the law remains a challenge to this date, largely due to lack of political will and commitment.

The law prevents second marriage, but there are still 16 areas in Iraq where second marriage is widely prevalent, and also areas, where men easily find women for the second marriage.

In addition to some of the aforementioned problems and challenges in relation to poor implementation of the law, the IDPs and the refugees, on the other hand face additional legal problems which further increase their vulnerabilities as Iraq is not part to the 1951 Refugee Convention, nor its protocols.

This has created a legal gap in relation to the rights of refugees as well as their entitlement to obtaining residency and naturalization.⁽³⁰⁾

Due to the fact that ISIS-issued marriage contracts and birth certificates are not recognized as legal documents, their citizenship and patrilineage is jeopardized by the Iraqi government. In some of the cases, in view of public backlash, many women have not reported that their children were fathered by the ISIS fighters.

Those families who have had submitted their cases, now confront endless unnecessary bureaucratic and legal delays.

On the other hand, mothers who cannot identify their children's father, or unaccompanied children find no clear path forward toward gaining civil and legal documentation and obtaining residency.

According to Iraqi law and Islamic Sharia a mother cannot pass on her nationality to her children without proof of a legal marriage, nor can a relative and or legal guardian, therefore, these children have been deemed stateless without any legal rights or protections.⁽³¹⁾



CHAPTER 4

KEY FINDINGS

- KEY FINDINGS FROM THE SURVIVORS AND CASE MANAGERS QUESTIONNAIRES
- KEY FINDINGS FROM FOCUS GROUP DISCUSSIONS WITH HUMANITARIAN ACTORS
- KEY FINDINGS FROM FOCUS GROUP DISCUSSIONS WITH GOVERNMENT INSTITUTIONS

KEY FINDINGS FROM THE SURVIVOR AND CASE MANAGER QUESTIONNAIRES

Location of the responses

The appendix (2) shows the number of locations selected as sample universe in 11 governorates in order to give greater geographical representation. 1,000 survivors living as the IDPs were interviewed - the highest number (i.e. 24%) compared to the others in 9 densely populated locations where IDPs are currently residing. It is important to mention that these IDPs locations had some of the worst contributing factors that have had led to incidents of different forms of GBV.

Respondents from the women's social centers and inside the cities (versus rural areas) make up the second largest group with 23% of the total number of respondents. The city centers are populated with people and a high number of incidents of GBV might occur there, particularly incidents of sexual harassment. The interviews with male respondents were conducted at the NGO offices as there are no private locations exclusively for men.

As for the case managers group, 37% of the respondents were from the city centers, followed by 30% from the IDP camps. For both types of respondents, only 2% of them were from the remote areas, which indicate the difficulties, both due to human resources limitations and in the identifications of the GBV cases. Moreover, very small number of the case managers are providing case management services. 8% of the survivor respondents were from the youth centers versus only 1% of case managers at the same locations. This is because most of the respondents interviewed at these centers were male participants, and due to feelings of shame or fear,

many of them did not notify their case managers about their GBV experiences.

Status of the respondents

The appendix (3) explains that the majority of the survivors* (46%) are internally displaced which is also consistent with the findings from the previous appendix indicating that most of them were living in the IDP camps. This is also indicative that those living in the camps, are more vulnerable, due to harsh conditions, exposure to protection risks, and the lack of security measures, to different forms of GBV including harmful traditional practices, such as child marriages, honour related violence, girls trafficking and transactional sex 'a new normal' that this research put forwarded with key recommendations for actions. The second largest status was of the host community.

As for the case managers, the percentage of the host community is the highest (54%), followed by the IDPs (33%). This is because prior to the ISIS's control of some of the governorates, as well as areas wherein conflicts erupted, these case managers were already providing multi-sectoral services to survivors of GBV. Noticeably, the number of the survivors* amongst returnee**, the survivors are 17% compared to 9% of the returnee case managers. This indicates an imbalance in the number of case managers dedicated for returnee survivors which might lead to returnee survivors not receiving necessary services from the case managers. As indicated in the next appendix, this had impacted survivors' level of satisfaction upon return to their areas of origin.

The Sex of the respondents

The appendix (4) illustrates that the majority of the survivors (78%) are female against 22 % male, which shows that the number of female survivors is approximately four times bigger than the number of male survivors. This also indicates that females are more vulnerable and makes up the largest at-risk group to different forms of GBV because of variety of reasons, including power imbalance between women and men, the public acceptance and observance of patriarchy and the prevalence of contributing factors that increase exposure to protection as well as lack of support and response services that help mitigate, reduce and respond to GBV.

Women and girls comprise 54% of the total population in Iraq⁽³⁴⁾ whereas globally, on average, approximately between 75 and 80% of the displaced population in any crisis are women and children.⁽³⁵⁾ The rate of male survivors (22%) is not a small percentage either. It is however not established if the perpetrators were female or male. Moreover, given the fact that men usually report GBV incidents

less often than women due to their masculine sense of embarrassment and gender identity, this finding however requires appropriate men specific intervention as well. In the areas that came under the ISIS control, men experienced torture, amputation of organs such as hands and legs, and often impairment. Amongst the host communities, according to statistics of the Kurdistan Men's Union ⁽³⁶⁾, in 2017 there had been 617 claims litigated by men

of different forms of GBV including sexual coercion, emotional abuse in Erbil, Duhok and Sulaimaniya. As for the case managers, 89% of the respondents were female whereas 11% were male. This is partially consistent with the disposition of male and female survivors. This also indicates the availability of a large number of case managers to female survivors, but only 11% of case managers to the 22% of male survivors.

Age of the respondents:

The appendix (5) shows that the majority (i.e. 43%) of GBV survivors were from 18 to 28 years of age group which is indicative that young people are more likely to experience different forms of GBV. The chart also indicates that people of all ages are prone to experience different forms of GBV. A serious finding is the violence perpetrated against elderly citizens which constituted 4% of all the cases. On the other hand, 9% of the GBV cases were carried out against children. Though the UN Convention on the Rights of the Child (UNCRC) emphasizes that every child has the inherent right to life⁽³⁷⁾, a large number of children have suffered GBV and child protection issues. The fact that people of all ages experienced different forms of violence reinforces that breakdown in social, legal and political order, the absence of viable economic system, and the conditions in which affected populations are forced to live, contribute to GBV, because of the rapid increase in vulnerabilities of different group of people, and exposure to risk of physical, sexual and psychological harm, abuse and violence, etc. The majority of the case managers were between 29 to 39 years of age group, which is slightly different from the ages of survivors.

The proximity of the ages of case managers with those of survivors is helpful so that case managers can better understand the problems and needs of survivors and provide them with a tailored support.

A survivor* is a person who has experienced violence based on his/her gender. Though both terms "victim" and "survivor" can be used interchangeably, the term "victim" is commonly used in the legal and medical domains while the term "survivor" is primarily used in the psycho-social support fields, which also denotes a more positive implication.⁽³²⁾

Returnee** is "a former refugee or IDP who returns to her/his country or area of origin, whether spontaneously or in an organized manner". ⁽³³⁾

Key Findings





The marital status of the respondents:

The appendix (6) explains that the majority (50%) of the survivors are married. It further revealed that a considerable percentage (32%) of GBV incidents are perpetrated by married individuals (see appendix 3) which establishes that the very archaic patriarchy system that reinforces gender roles, responsibilities, limitation, expectations, and choices contribute to GBV, in particular to domestic violence. The second largest category of the GBV survivors (30%) are unmarried individuals, 12% of whom are divorced or separated. It is however not established if the children of separated or divorced parents might also suffer from violence or negligence. Nevertheless, global trends and patterns of domestic violence show that abusive relationship between partners bear negative implications for children in the family.

As for the case managers, the majority (52%) of them are married. The approximate distribution of married and unmarried case managers to married and unmarried survivors is a positive finding and in the interest of survivors as married survivors may not feel comfortable discussing marital problems with unmarried case managers. As shown in the previous appendix, a considerable number of GBV incidents occur in the homes, by married individuals, making married case managers more suitable to understand, empathies and respond to their complex needs.

The educational background of the respondents:

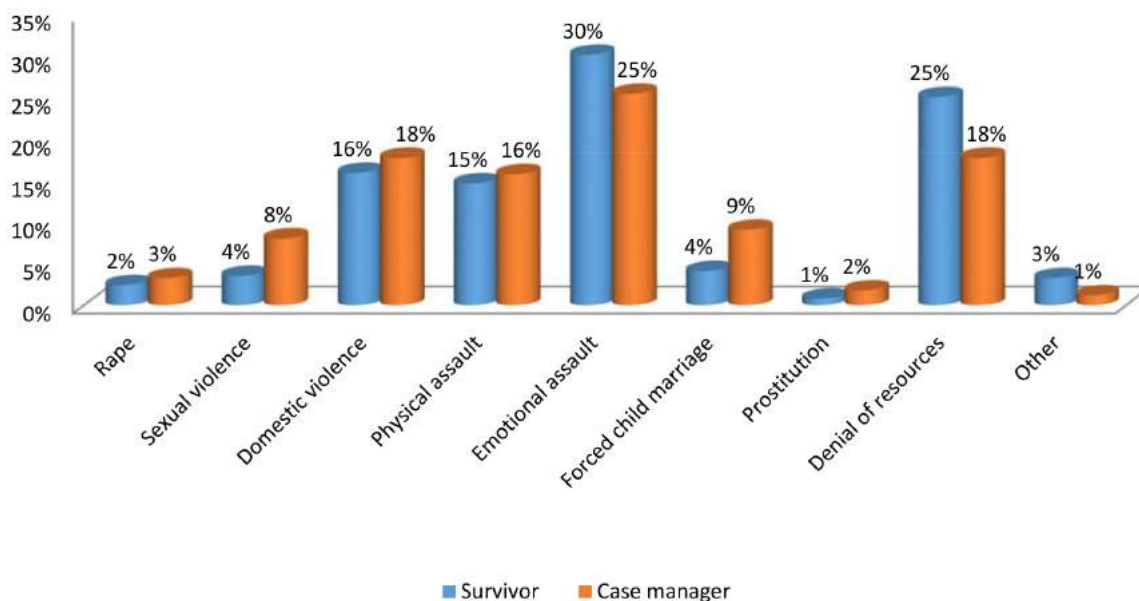
The appendix (7) shows that 34% of the GBV survivors attained primary level of education. The low educational background of the survivors is a negative sign as education is considered an important factor in gaining awareness of one's rights and responsibilities and what to do in case their rights are violated. The illiterate respondents constitute 24% of the survivors, which is a very high percentage in the 21st century. The finding however is not surprising as on aggregate, the overall education situation is also alarming in the sense that 57% of

the refugee children aged 6 to 17 are outside of the formal education system, posing serious concerns to: their future human development".⁽³⁸⁾ 85% of the survivors have not obtained a college or university degree, which might also contribute to a low level of awareness and susceptibility to violence. On the other hand, 87% of case managers are institute or university graduates which is a positive sign and which make them skilled professional workers. However, 11% of case managers are only secondary diploma holders.

The financial situation of the respondents

The appendix (8) indicates that the majority (67%) of the survivors are low-income individuals which suggests that poverty is a serious problem identified, also one of the causative factors for illiteracy and GBV. This also re-affirms the concept of the feminization of poverty- the phenomenon in which women experience poverty at rates that are disproportionately high in comparison to men,⁽³⁹⁾ hence, making women more dependent on men who might take advantage of this unbalanced and unequal economic power relationship.⁽⁴⁰⁾ Generally, in Iraq, poverty and unemployment are common and these reflect on the displaced people and refugees. In Sulaymaniyah, for example, the IDPs and the refugees who also have outstanding debts, more than 70% are also indebted for the purpose of financing domestic needs and about 45% for supporting the payment of house rent. The need to cover emergency purposes with debt is therefore higher for the IDPs and the refugees than for the host community, but the overall levels are critical for the entire population.⁽⁴¹⁾ Studies confirm a direct link between poverty and violence, especially domestic violence.⁽⁴²⁾ Poverty makes women more vulnerable to sexual violence that results in life-threatening consequences for the person subjected to sexual violence.⁽⁴³⁾

4.1.8 The link between the types of violence experienced and respondents' status

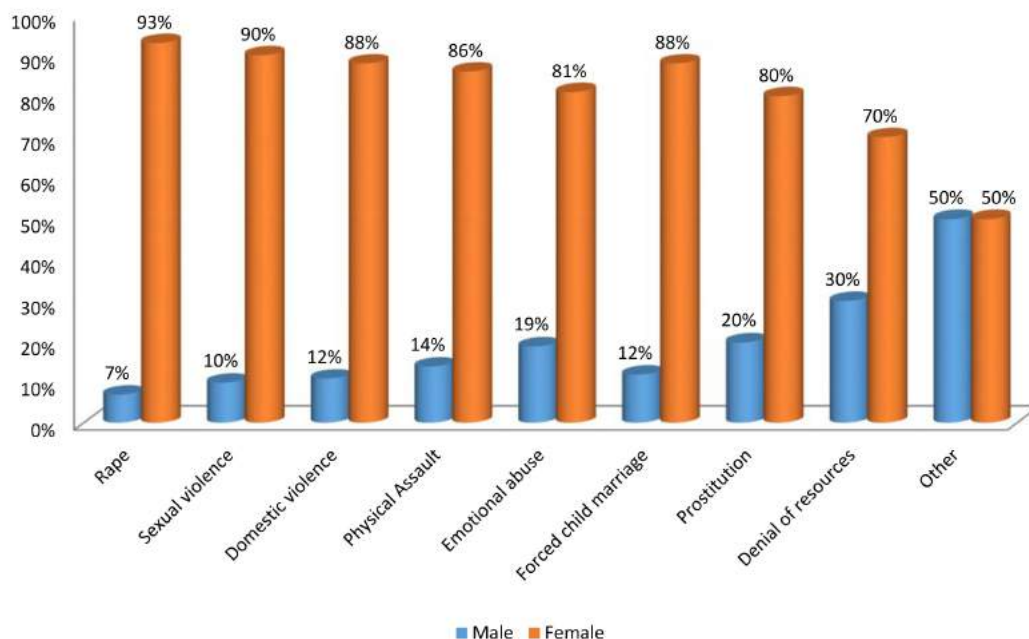


As shown in the above chart, 30% of the survivors have experienced psychological abuse. This suggests that humiliation, stigmatization, and exerting emotional pressure on female is a common phenomenon for most survivors. This form of violence is probably reinforced and supported by the prevailing social culture based on gender indoctrination. 25% of the survivors reported denial of resources. Noticeably, sexual violence, forced prostitution/trafficking, and rape were the least common forms of sexual and GBV. It is worth mentioning that the reporting of cases of sexual violence, rape and forced prostitution is strongly

discouraged owing to social stigma, labeling, fear of reporting, discrimination, risk of retaliation, impunity for perpetrators and in some cases the consequences may lead to honour related crimes, including honour killing in Iraq.⁽⁴⁴⁾

In regard to the case managers' perspectives, psychological abuse came at the top by 25% whereas denial of resources and domestic violence as second, respectively. This also explains why survivors prioritize psychosocial support. Overall in 2007, 1 in 5 married Iraqi women reported being a victim of physical domestic violence, while 1 in 3 reported being subjected to emotional violence.⁽⁴⁵⁾

4.1.9 The link between the survivors' gender and the form of violence experienced

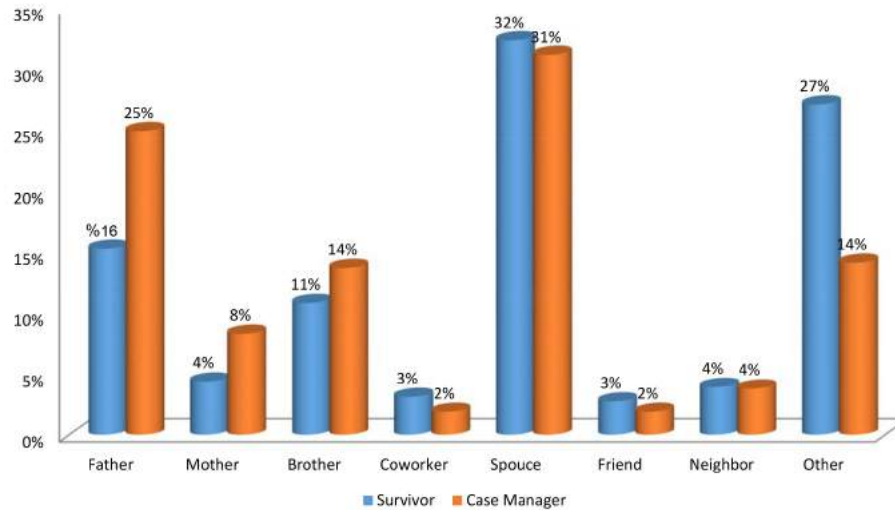


The above chart shows that females have experienced rape and sexual violence ten times more than the male survivors interviewed. In the second place, domestic violence and forced child marriage were experienced by female survivors which is eight times more than by male survivors. Overall, amongst the different types of violence experienced, female survivors were exposed to and thus experienced incidents of GBV six times more than their male counterparts.

As violence is perpetrated against females four times more than males based on the reported cases, it gives an exposition that potentially more females might experience various forms of GBV, and hence, the actual cases are much higher than the reported

cases. For example, in Table ten, 84% of the survivors did not mention anybody's name as perpetrator but sufficed by saying "other". The 50% of responses as "other" suggests the uneasiness to discuss any form of violence, particularly sexual violence perpetrated against women, men, boys and girls. There has to be efforts to build trust in boy and men survivors through creating an environment in which cases of sexual violence are confidentially reported and addressed in line with the GBV Guiding Principles during all stages of GBV case management. Moreover, it is important that survivors should also be allowed to identify their trusted, compassionate and skilled providers for the services they wish to receive.⁽⁴⁶⁾

4.1.10 Perpetrators of gender -based violence



Next chart indicates that the majority (32%) of violence is perpetrated by partners, making domestic violence one-third of all incidents of gender-based violence. In the context of Iraqi society as elsewhere in the world, domestic violence is interpreted, constructed and indoctrinated through process of socialization wherein the wider society considers the acts of domestic violence as normal and culturally acceptable. In the second place came "Other(s)" constituting 27% of all cases. This suggests that many survivors still have fears about mentioning the relationship with the perpetrators of the violence due to potential punishment or revenge. Violence committed by fathers compose 16%, and 63% of all occurrences of violence took place inside homes by partners, fathers, brothers, or mothers.⁽⁴⁷⁾

This finding is consistent with other findings in the literature which suggest that most acts of GBV in the

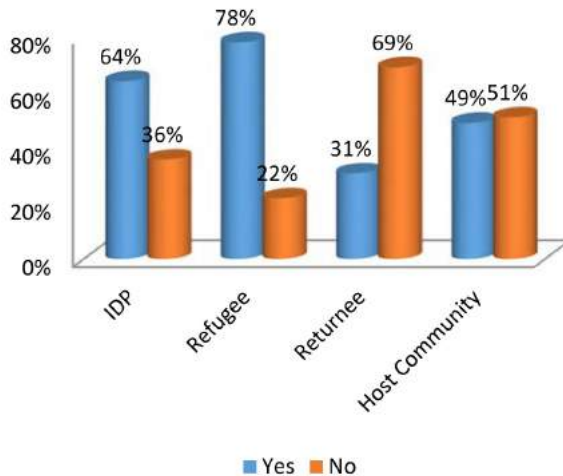
Middle East are perpetrated at homes.⁽⁴⁸⁾

Within the homes, women have been made subjects of men, and men have subconsciously become slaves of social and cultural construct- i.e. customs and traditions, etc.⁽⁴⁹⁾ This necessitates a home grown progressive civic and human- centred modern education which cultivates an environment that promote respects for the rights of women and girls, and a greater space for making decisions and choices that matters most to them.

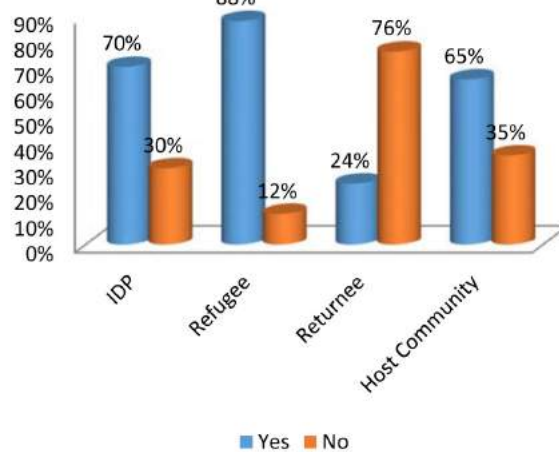
The case managers also classified partners as the main perpetrators of some of the different forms of GBV followed by fathers. There are some differences in how the case managers and survivors classified the main perpetrators, perhaps because the latter are less able to refer to fathers. Overall, there is a degree of similarity between the responses from the survivors and the case managers.

4.1.11 The level of access to services after experiencing violence

Survivor



Case Manager



The chart above illustrates the extent of survivors' access to services after experiencing acts of GBV. The rate is highest amongst the refugees by 78%, perhaps because the number of refugees is lower than that of the IDPs, the returnees, and the host community members. They are followed by the IDPs by 64% versus 49% for host community survivors, and a lower percentage of 31% for the returnee survivors. This means that a seriously high number (69%) of the returnees have not had access to any services, due to the following reasons:

1. Poor security conditions of these areas and difficulties in movement due to military checkpoints.
2. The lack of legal documents such as the Iraqi identity card to go through the checkpoints. Reportedly, many

of the survivors have lost their documents or do not have them due to the rule of ISIS between 2014-2017 in these areas

3. Cases of early marriages and social norms and traditions. Perhaps due to their young age or lack of awareness, the respondents are not aware of the available services or their significance.

4. Fear of slander that is fear, shame and stigma.

5. The potential threat of the presence of the extremist militant groups causing fear amongst the local population.⁽⁵⁰⁾

6. A high number of persons with special needs due to retributive measures taken by ISIS such as amputation of hands and legs.⁽⁵¹⁾ Individuals with a disability might face a greater challenge accessing the services.

In regard to the responses from case managers on the survivors' access to services, they also placed refugees in the first place, followed by the IDPs, and then the host community members. According to them, only 24% of the returnee survivors have had access to services versus 76% with no access. Having a confidential and dignified service, for example, a national women's phone hotline, safe shelter/refuge place for every 10, 000 inhabitants, a women's advocacy and counselling centre for every 50, 000

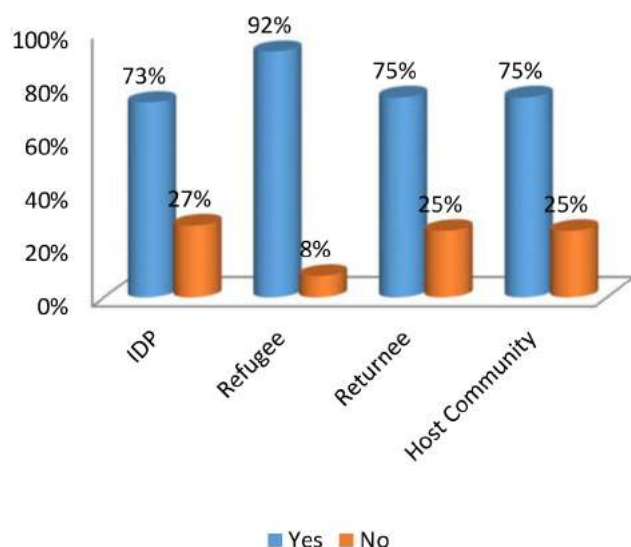
women and a rape crisis centre for every 200,000 women can significantly improve access of survivors to these services.⁽⁵²⁾

These findings reveal that the returnees are in a dire need of services which necessitates for a well coordinated, integrated, partnership based and impact-oriented multi-sectoral GBV prevention and response services that is easily accessible, affordable and promote the dignity, safety and welfare of the survivors of the GBV.

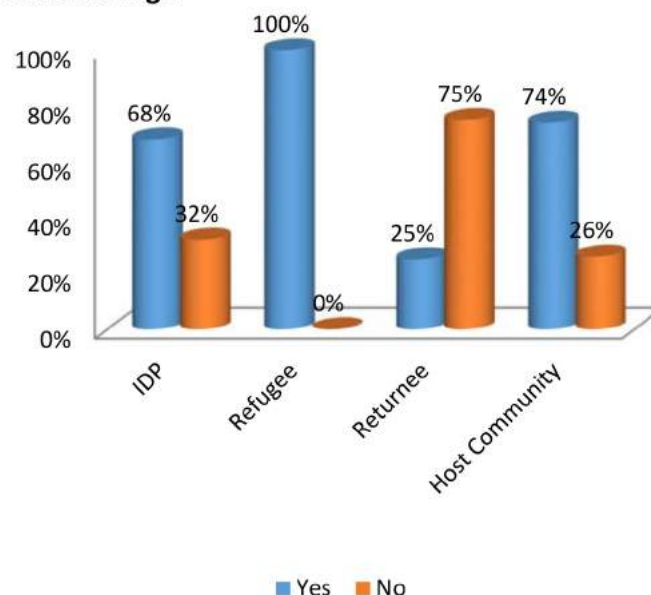


4.1.12 The extent of survivors' timely and easy access to services

Survivor



Case Manager



The chart above displays the percentage of survivors' timely and easy access to response services. The refugees have had the highest level of access by 92%, followed by the host community members and the returnees by 75%.

Nevertheless, according to case managers, the refugees have had a 100% easy and timely access to response services, followed by the host community members by 74%, and the IDPs by 68%. Yet, the returnee survivors' timely and easy access scored only 25%.

Comparing both findings from the survivors and case managers perspective with regard to the returnees, the figures do not complement one another. For example, the survivors estimate the timely and easy access to services to be 79%, whereas case managers believe 67% of survivors have timely and easy access

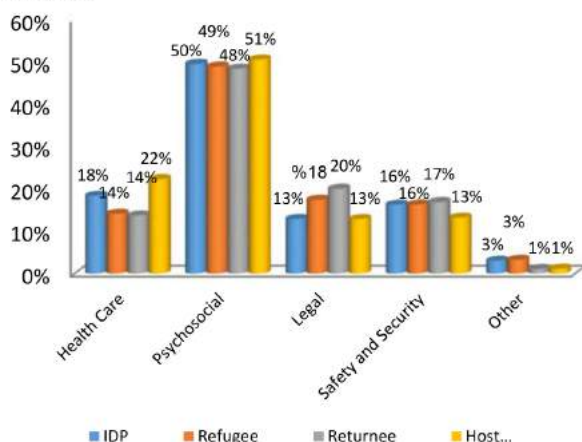
to services.

Timely and easy access to the services is essential because it reduces potential risks and complications on survivors. For example, receiving appropriate health care services for physical or sexual violence or psychosocial interventions help survivors' transition from victimhood to normalcy.

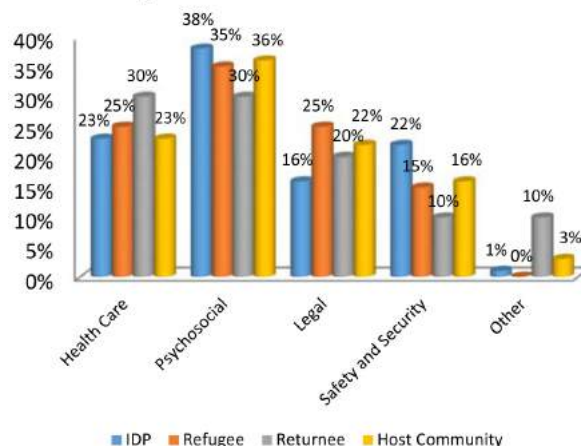
Nevertheless, legislation is equally important for immediate access to comprehensive and integrated services, including pregnancy testing, emergency contraception, abortion services, treatment for sexually transmitted diseases, treatment for injuries, post-exposure prophylaxis and psychosocial counseling for survivors of sexual violence at the expense of the State, the provision of which shall not be made conditional upon the survivor reporting to the police.⁽⁵³⁾

4.1.13 The types of response services provided to survivors of gender-based violence

Survivor



Case Manager



The above chart shows the IDPs, the refugees, the returnees and the host community members reporting the provision of psychosocial services as 50%, 49%, 48%, and 51%, respectively.

To the case managers, psychosocial services also come first but slightly different by the rates reported by the survivors. They reported that Psychosocial Services were provided to the IDPs by 38%, host community members by 36%, refugees by 35%, and finally to the returnees by 30%. The case managers also placed health care services to have been provided by 30%. Though psychosocial services were amongst the highest types of services provided, they received the lowest level of provision to the returnee survivors. This finding reaffirms the general impression that returnees have received the lowest amount of services which is an hindrance in their transition to

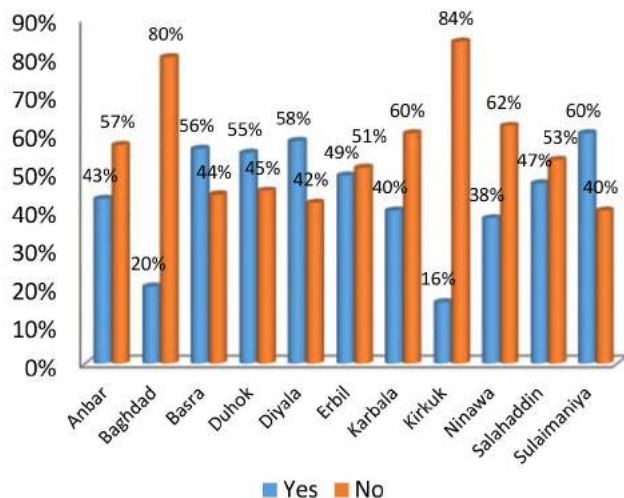
recovery and reintegration back into the society.

The findings also show that amongst the services provided, the health care services came second while accessing to high quality, confidential, integrated healthcare services is a critical and life-saving component of a multi-sector response to GBV in emergencies.⁽⁵⁴⁾

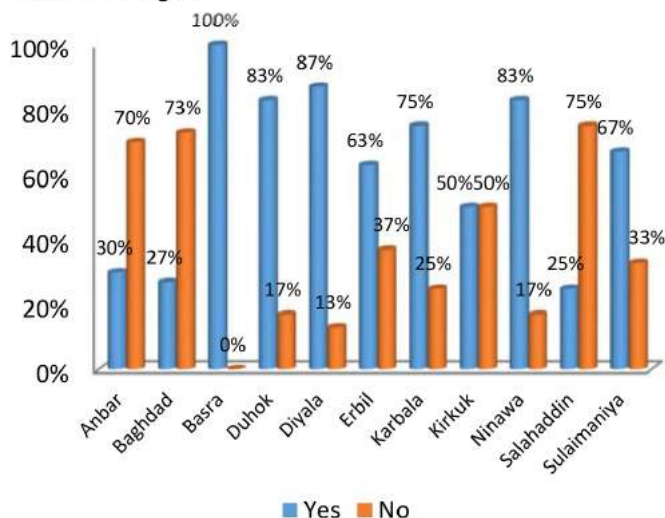
The legal support came third, whereas safety and security as the least provided service which indicates that the security and safety services have not been provided to survivors especially in the areas where survivors have returned to, which implicates access to other services as well.

4.1.14 The extent of survivors of gender- based violence timely access to health care services

Survivor



Case Manager



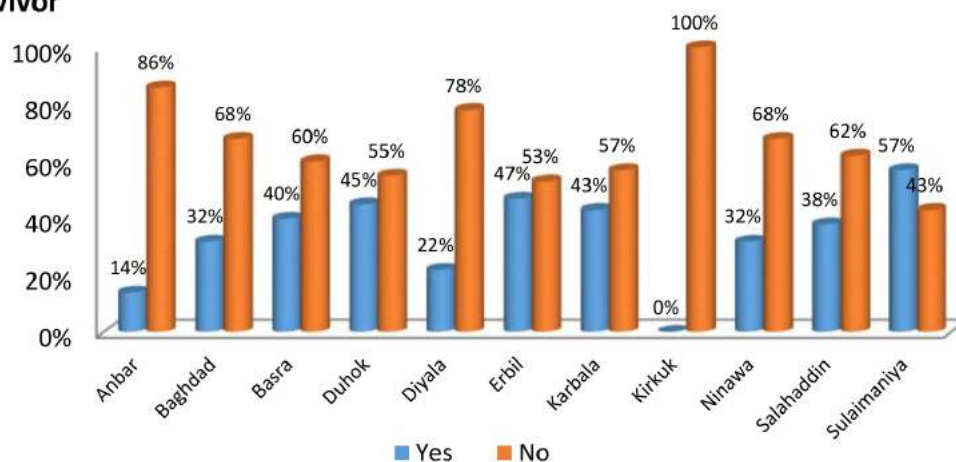
The chart above illustrates that on average nearly 44% of the survivors across all the governorates received timely health care services, whereas 56% of them did not receive such services. This is an alarming finding in the context as the lack of appropriate timely health care response services might lead to negative health consequences amongst survivors—even some posing life-threatening complications as well. For example, in the IDPs camps, the lack of access to quality healthcare coupled with the poor conditions inside the camps increase the spread of diseases and further deteriorates conditions that may lead to chronic health complications.⁽⁵⁵⁾ Kirkuk,

Baghdad and Ninawa respectively came on the top of the list of governorates where survivors did not receive health services on time, whereas Sulaimaniya, Diyala and Basra respectively came on the top of the governorates where survivors received timely health care services.

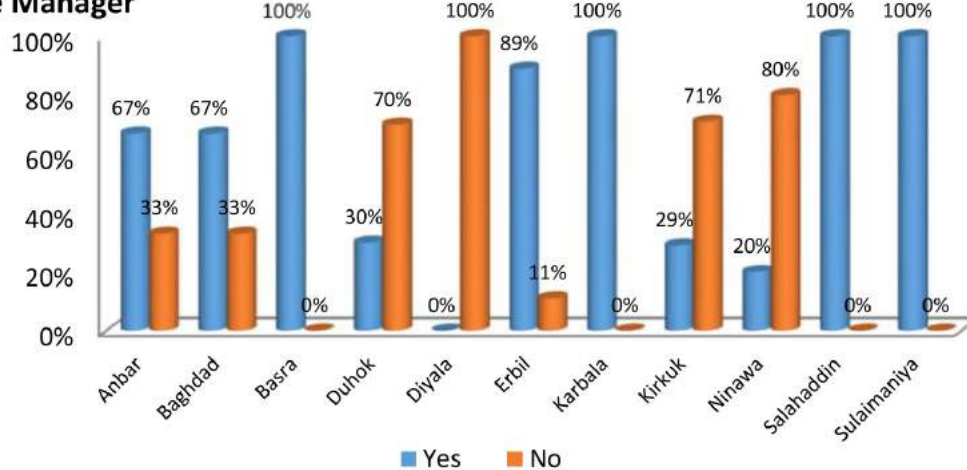
63% of the case managers interviewed believed that survivors did not receive necessary health care services on time. The results also show that, according to case managers, Basra, Diyala, Duhok and Ninawa come respectively at the top of the list of governorates where survivors received health care services on time. This is an encouraging finding.

4.1.15 Health service providers' request to survivors of gender-based violence to report their cases to police

Survivor



Case Manager



The chart shows that on average, 66% of the survivors reported that they were not requested by health care service providers to report the incidents of GBV to the police, most probably because reporting such cases to the police in a conservative society is considered a sensitive issue, and hence, may potentially delay the access to health response service if reported.

There are three main reasons for this lack of request by health care service providers:

1. Health care service providers' apprehension about police escalating the issue further especially if it is sexual violence or rape.
2. The lack of confidence and professional trust of the health care service providers in the police.
3. Lack of knowledge about the cases on part of the health services due to survivors' concealing them so they are not denied health services.

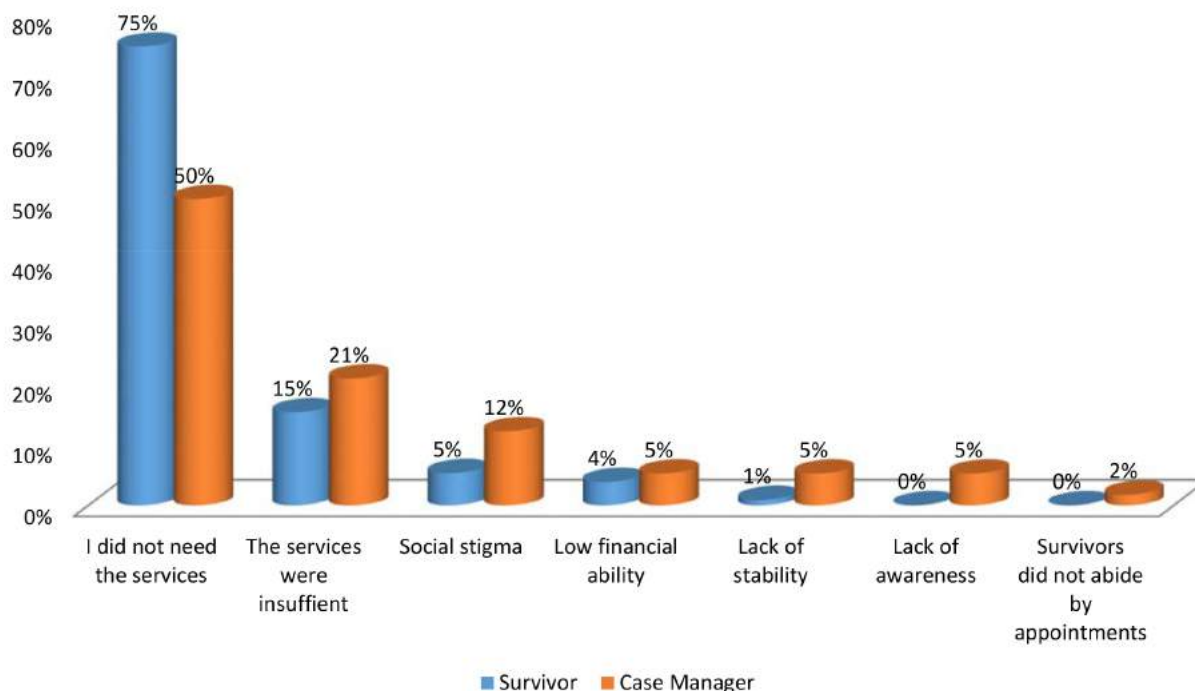
Kirkuk, Anbar, Diyala, Ninawa and Baghdad respectively came as the first top five governorates whose health care services providers did not request survivors to report their cases to the police. These were the main governorates which came under the ISIS assaults, now hosting many returnees. The fragile security as well as the poor law and order situation in these governorates are not supportive in encouraging such requests.

Other factors include withdrawal of the claims or physicians' fear to produce medical reports especially in incidents of sexual violence or rape.

However, in Sulaimaniya, Salahaddin, Karbala, and Basra, 100% of case managers asserted that the survivors have been requested by the health care providers to report their cases. These findings differ from what the survivors stated.



4.1.16 Reasons for survivors' lack of access to health services



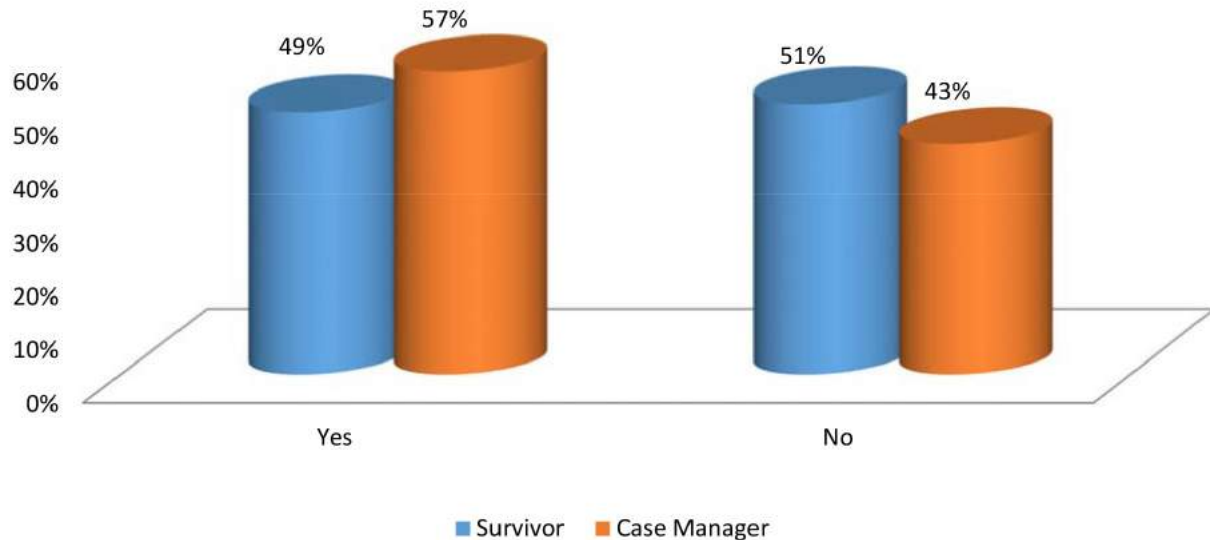
The chart above shows that 75% of the survivors who reported having not accessed the health care services attribute the reason to their lack of need for these services.

The reason for this response might be a general lack of awareness about the existing health care services on the one hand, and a sense of shame, stigma, discrimination and labeling for expressing their needs for such services, on the other. Furthermore, limitations in the provision of health care services and survivors' fear of social stigma, high cost of care, inadequate or no insurance coverage, lack of availability of services, lack of culturally competent care⁽⁵⁶⁾ could have also

impacted their access to health care services. 50% of the case managers, on the hand, also believed that there was no need for health care services.

These findings suggest that survivors of violence are more in need of psychosocial services than the health care services. The lack of proper provision of health care services came as the second reason by both survivors and case managers. Fear of social stigma constituted 12% of the responses. These results are also compatible with the assertion that survivors mostly need psychosocial services and mostly reported types of violence are emotional assault and denial of resources.

4.1.17 Safe haven opportunities for survivors



In order to provide immediate physical protection, programs that shelter those fleeing GBV is a critical need, especially in the Central South Iraq, to facilitate access to other critical services in resource constrained displacement settings.⁽⁵⁷⁾

The chart above shows that 51% of the survivors did not have the opportunity to be protected in a safe haven. This is a serious finding and poses threats to the survivors' physical safety.

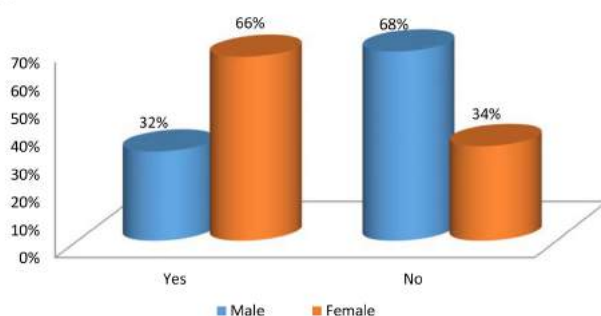
The case managers however set this figure at 57%. It is worth mentioning here that there is no safe

shelter in the Central South Iraq.

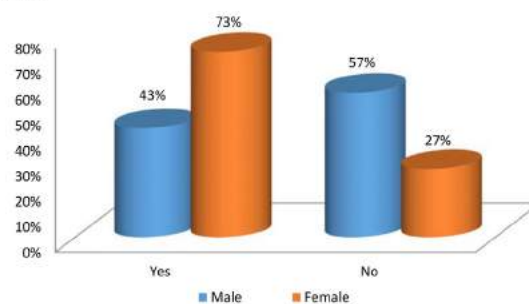
It is worth noting that the CEDAW Committee, in its concluding observations in 2014, called on Iraq to ensure the availability of shelters for women victims of violence through its territory, so as to strengthen both medical and psychological support services for victims, such as counselling and rehabilitation services, and ensure that they are properly resourced and that the quality of the services provided is regularly monitored.⁽⁵⁸⁾

4.1.18 The relationship between gender and survivors' access to women's and youth centres

Survivor



Case Manager



Overall, 49% of the survivors reported to have access to the women and youth centers whereas 51% reported having no access to the aforementioned centres. Amongst those who have access to these centres, 66% were female survivors whereas only 32% were male survivors. Two reasons could be speculated for these findings: first, women comprise a higher percentage of GBV survivors in Iraq; secondly many men find it embarrassing to seek services from these centers; and thirdly, there are limited services

available targeting men. The results from the survivors are supported by case managers' responses in that men had less access to the support centers which is expected from men in a society that assigns a certain role to men to be more independent and strong.



4.1.19 The rate of reporting gender -based violence cases to police



Taking the average figure across all the governorates studied, 82% of the survivors did not report the cases to the police. In the governorates that have a sizeable number of returnees (for example, Kirkuk, Ninawa and Anbar), the rate is the highest. This is probably due to the political instability, inefficiency of the courts, public lack of trust and confidence in the police and fear of breaches in confidentiality. The survivors in Duhok, Sulaimaniya and Erbil came on the top of the governorates where the survivors reported their cases to the police.

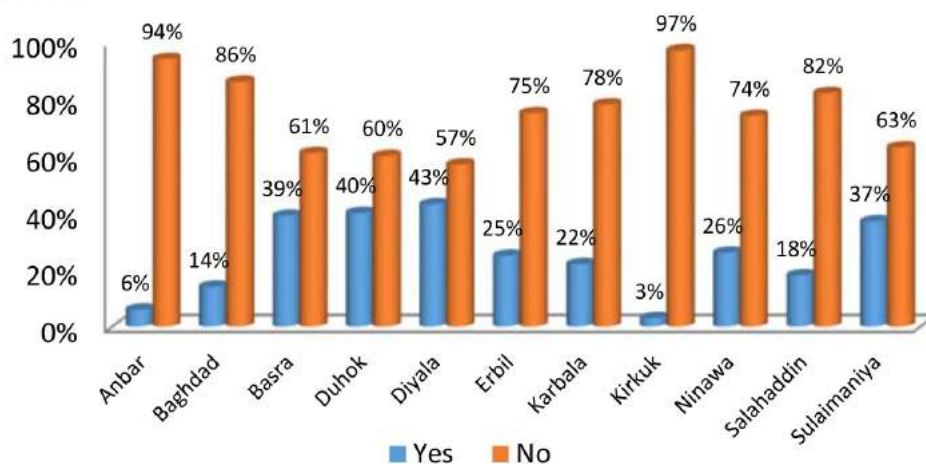
The case managers interviewed believe that 81% of the GBV cases go unreported. To them, Salahaddin, Ninawa, Kirkuk, Diyala and Anbar governorates occupy the top positions in the list of unreported

cases.

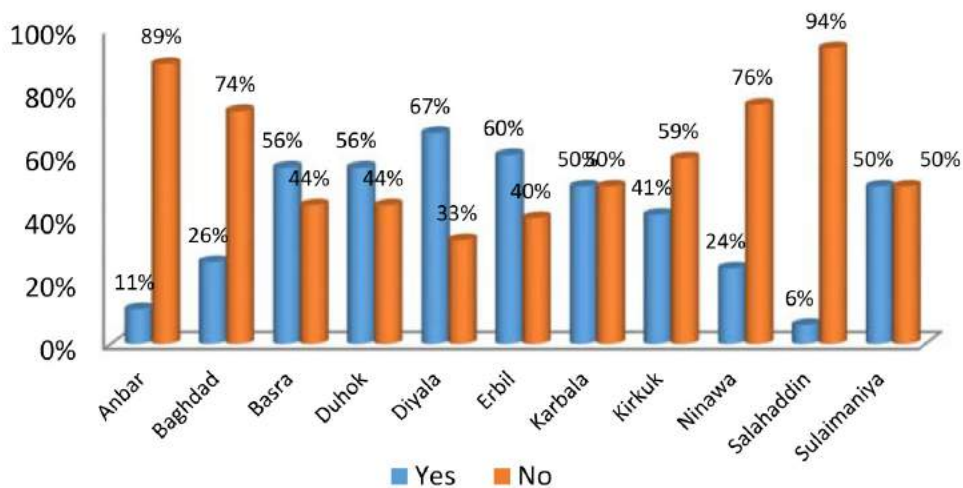
Somewhat similar to the survivors' classification, Sulaimaniya, Duhok, Basra and Duhok came respectively on the top of the governorates where survivors reported cases to the police. Though these rates are not exceptionally high, they indicate a positive sign of people's confidence and trust in the legal system. While the UN Handbook recommends that laws against domestic violence must establish concrete duties for police, prosecutors, and other officials who play a role in law enforcement or investigations in cases of violence against women, however Federal Government of Iraq still lacks political will as the Law to Combat Violence against Women is still pending its approval for enactment.

4.1.20 The survivors' willingness to report their cases to the court

Survivor



Case Manager



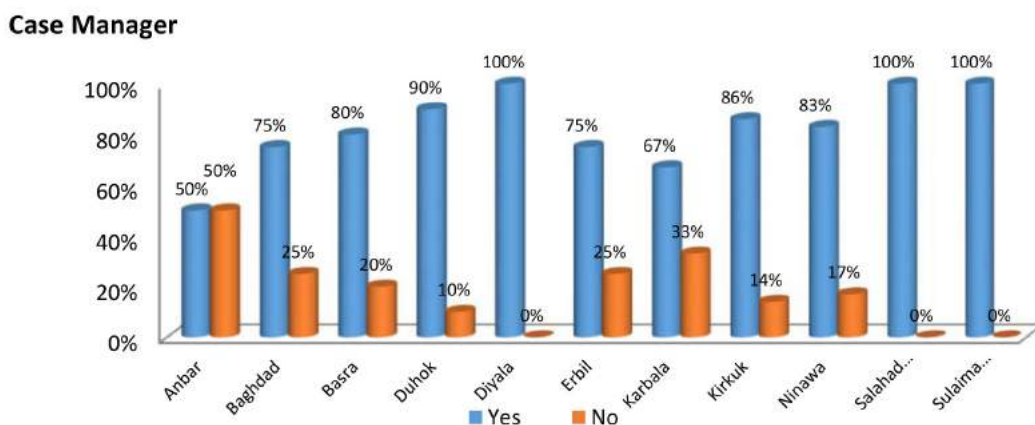
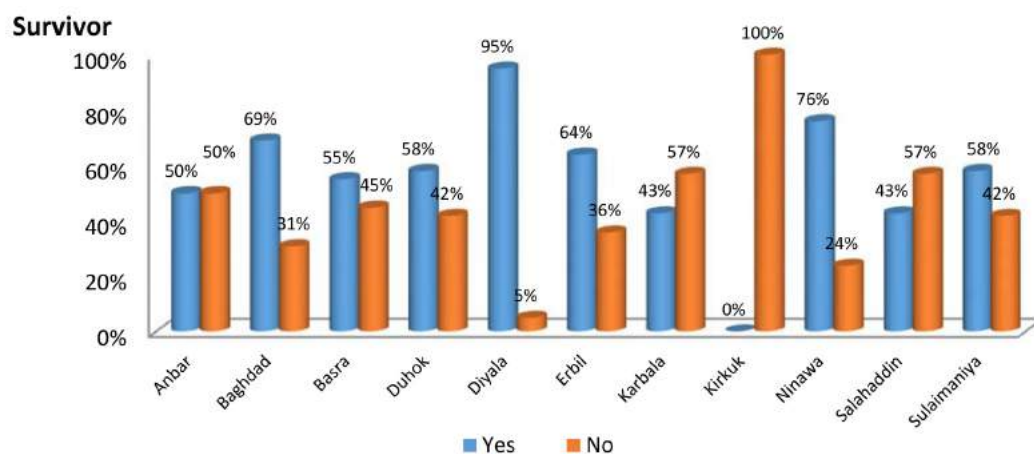
The chart shows that on average 75% of the survivors neither show any interest nor any willingness to report their cases to the courts of law. This poses a serious question to the work of the police especially in relation to GBV related cases. Salahaddin, Kirkuk, Anbar, and Baghdad are the top governorates where survivors showed no desire to report their cases to the police, whereas Diyala, Duhok and Basra scored the top three governorates, respectively, where survivors reported their cases to the police, which is a positive finding. The lowest rate of reporting cases was in Kirkuk, which suggests that somehow the police have lost the confidence and trust of the survivors. The case managers interviewed had a similar opinion. They reported that 59% of survivors did not show interest nor willingness to present their cases at the court of law. This is somewhat consistent with other findings in the literature.

For example, only one in six sexual violence survivors bring their cases to the trial.⁽⁵⁹⁾ According to the case managers, survivors in Salahaddin have the lowest trust in police. These findings in both Kirkuk and Salahaddin governorates warrant a comprehensive probe into the status and efficacy of the police service and their ability to act professionally. Some of the main reasons as to why survivors did not take their cases to the police are the following:

- Fear of retribution and losing of social and community support because of associated stigma, discrimination, social isolation and exclusion
- Lack of confidence in public services including courts
- Lack of confidence in service providers and those in charge of investigation.
- Lack of trust and the possibility of breach of confidentiality.
- Lack of awareness on provided services.⁽⁶⁰⁾



4.1.21 The extent of legal representation of survivors of gender -based violence



The charts illustrate that a considerable number (56%) of survivors in the governorates interviewed believed that their lawyers were able to represent them in defending and protecting their rights in the court of law.

This rate was 53% in the governorates which contain a sizeable number of returnees, which is somewhat lower than the above-mentioned average (i.e. 56%). Although this is viewed as a positive finding, nevertheless, a large number (i.e. 44%) of survivors did not receive proper legal representation from their lawyers.

This could be because of the lawyers' fear or concerns about social stigma which prevent them from taking on rape or sexual violence cases or life threats from the perpetrators, or the survivors and their families not being able to initiate or pursue their cases as they could not continue to afford legal representation in the court of law, which in some cases could be very costly as well as a long and tedious exercise.

However, a number of lawyers have voluntarily represented their survivors in the court of law.

According to the case managers interviewed, the majority (82%) of lawyers were able to represent their GBV survivors.

This percentage shows a large disparity with the survivors' responses.

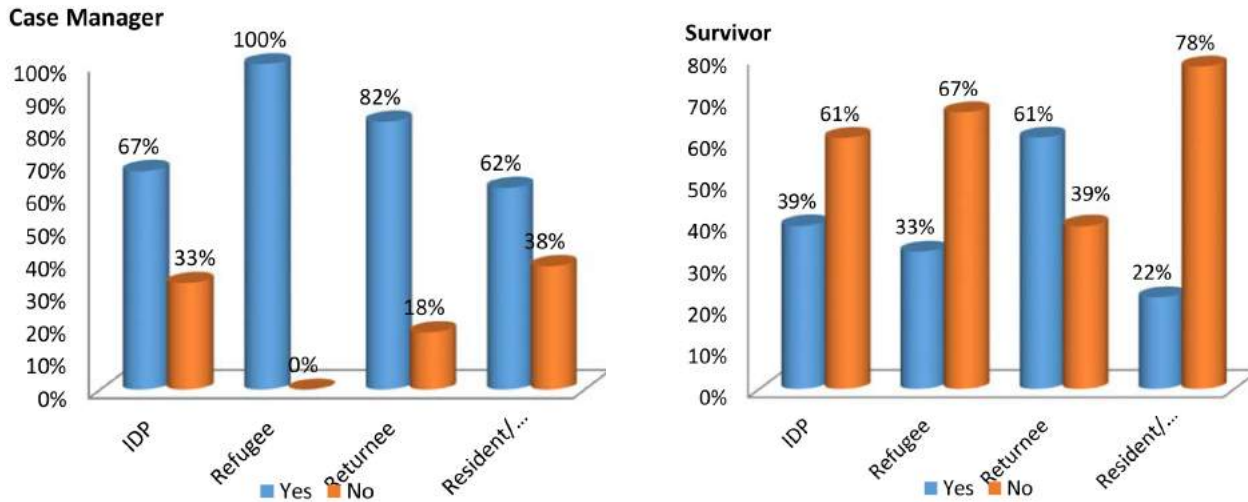
Due to a number of factors, for example fear of further harm or threats of harm, or social, cultural and religious pressure and constraints⁽⁶¹⁾, some of the survivors might have withdrawn their cases while others might have resolved their cases through locally recognized social settlement deals between the parties.

There is also a possibility that the nature of their cases, might have left the survivors with an impression that lawyers were not able to properly represent them in the court of law, hence, they resorted to social settlement reconciliation deals.

There is however lack of data and research that could help establish whether or not, the survivors get appropriate representation in the whole process that potentially lead to dispute resolution or settlements in the case of GBV.



4.1.22 The extent of survivors' need for legal support in reissuing necessary documents



The chart above reveals that 61% of the returnees were in need of reissuing their legal documents which they had lost under ISIS rule from 2014 to 2017. However, securing legal documentations for children born during this period of time and had not been registered, continue to remain a big challenge. In any crisis where people are forced to flee, whether across international borders or within their own country, holding basic documentation to prove one's identity is fundamental to survival.⁽⁶²⁾ The lack of legal documents prevents survivors from pursuing their legal proceedings and also accessing some basic services. In this assessment, the IDPs came second (39%) in the list of those who needed support with re-issuance of the legal documents as majority of them had lost their documents while fleeing the conflict zones. In the third place come refugees, followed by host community members by 22%. The case managers interviewed, informed that

refugees needed support with the legal documents the most (100%). This is probably because a large number of refugees seek legal assistance to emigrate to and obtain permanent residence in the third countries. The returnees came second by 82%, followed by the IDPs and then host community members.

Finding these differences between the extents of each population's need for legal documents is helpful in considering the locations and status of survivors while providing legal support in the (re) issuance of legal documents. It is worth mentioning that the lack of legal documents may limit the access of the affected population to life-saving humanitarian assistance, which may resultantly expose the affected population to protection risks and more vulnerabilities, including sexual exploitation and abuse, transactional sex, girls trafficking and child marriages as negative coping mechanism for survival.

4.1.23 The level of survivors' and case managers' satisfaction with services

Survivor Respondent's	Very good		Good		Average		Bad		Very bad		Not needed		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health care	70	10%	157	28%	127	32%	44	23%	28	15%	27	12%	453	20%
Psycho-social	427	58%	153	28%	56	14%	23	12%	20	11%	12	5%	691	30%
Safety and Security	100	14%	103	19%	64	16%	48	25%	53	28%	44	19%	412	18%
Legal support	87	12%	81	15%	64	16%	48	25%	59	31%	62	27%	401	17%
Referral pathway	50	7%	62	11%	83	21%	28	15%	29	15%	88	38%	340	15%
Total	734	32%	556	24%	394	17%	191	9%	189	8%	233	10%	2297	100%
Case manager Respondent's														
Health care	26	13%	41	25%	34	31%	11	22%	9	29%	1	5%	122	21%
Psycho-social	91	46%	35	22%	12	11%	6	12%	3	10%	0	0%	147	26%
Safety and Security	27	14%	37	23%	27	24%	9	18%	9	29%	0	0%	109	19%
Legal Support	25	13%	27	17%	31	28%	13	27%	2	6%	6	32%	104	18%
Referral pathway	29	15%	21	13%	7	6%	10	20%	8	26%	12	63%	87	15%
Total	198	35%	161	28%	111	20%	49	9%	31	5%	19	3%	569	100%

The table above shows that 32% of survivors viewed the provided services as 'very good' as they were satisfied mostly with psychosocial services, followed by safety services, and then legal support services. 24% of them viewed the provided services as 'good', satisfied mostly with psychosocial services and health care services. 17% of survivors viewed the provided services as 'average', whereas 17% of them view them as either 'bad' or 'very bad'. The reason for why legal support services came third could be due to inadequacy in the laws and its implementation, in addition to the security agencies' negligence to address violent incidents or women's

disappointment in obtaining their rights.⁽⁶³⁾

The case managers' views were similar to those expressed by the survivors which reinforce the expressed level of satisfaction of the survivors' needs. Yet, 14% to 17% of both groups consider the provided services as 'bad' or 'very bad'. These numbers should encourage service providers to reassess the provision of the services, and investigate the obstacles to their access by survivors. Responses from both survivors and case managers reveal that satisfaction with psychosocial services is the highest and satisfaction with safety and legal services is the lowest.

4.1.24 The level of satisfaction with services provided in refugee/IDP camps

Services at IDP Camps	Very good		Good		Average		Bad		Very bad		Not needed		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health care	33	9%	60	24%	60	38%	20	25%	20	23%	11	11%	204	20%
Psycho-social	227	60%	74	29%	16	10%	10	13%	5	6%	6	6%	338	32%
Safety and Security	51	14%	51	20%	19	12%	22	28%	20	23%	22	22%	185	18%
Legal Support	40	11%	35	14%	33	21%	19	24%	30	35%	25	26%	182	17%
Referral pathway	26	7%	31	12%	28	18%	9	11%	11	13%	34	35%	139	13%
Total	377	36%	251	24%	156	15%	80	8%	86	8%	98	9%	1048	100%
Services at Refugee Camps														
Health care	5	8%	10	31%	9	28%	3	27%	2	40%	7	19%	36	20%
Psycho-social	39	59%	9	28%	6	19%	1	9%	0	0%	1	3%	56	31%
Safety and Security	11	17%	2	6%	7	22%	0	0%	3	60%	12	33%	35	19%
Legal Support	6	9%	7	22%	0	0%	4	36%	0	0%	12	33%	29	16%
Referral pathway	5	8%	4	13%	10	31%	3	27%	0	0%	2	6%	24	13%
Total	66	36%	32	18%	32	18%	11	6%	5	3%	34	19%	180	100%

The table above shows that 36% of the IDP survivors' considered the provided services as 'very good'. 8% of them shared that they were 'very bad'. 60% of the IDP survivors were satisfied with the provision of psychosocial services. These findings are consistent with the previously-presented results about survivors' satisfaction with psychosocial services. This level of satisfaction with this type of services should be praised. The legal aid services were considered as the lowest-performing type of services by survivors in the IDP camps.

The provision of psychosocial services was perceived as best by 59% of the survivors of the IDP camps. Though this is better compared to other services, there are still areas of improvement, for example,

enhancing the number of qualified staff or upgrading the quality of services which better respond to the unique needs of the survivors of different forms of GBV, including survivors of rape and sexual violence, which is an identified gap in the context of Iraq. On the other hand, majority of the refugees survivors (60%) were unsatisfied with the safety services, suggesting a number of safety problems in the refugee camps which requires close coordination and partnership among and between the relevant authorities, UN agencies, clusters' partners, INGOs and local communities to protect and promote the rights of the affected population, and help mitigate, reduce and prevent risks and exposure of some of the vulnerable groups that may potentially lead to GBV.

4.1.25 The level of returnees' and host community members' satisfaction with services

Returnees' Service	Very good		Good		Average		Bad		Very bad		Not needed		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health care	8	16%	18	24%	19	28%	15	25%	4	7%	3	8%	67	19%
Psycho-social	26	52%	22	30%	10	15%	7	12%	11	18%	4	10%	80	23%
Safety and Security	4	8%	14	19%	15	22%	14	24%	20	33%	0	0%	67	19%
Legal Support	12	24%	9	12%	13	19%	16	27%	10	17%	8	20%	68	20%
Referral pathway	0	0%	11	15%	10	15%	7	12%	15	25%	25	63%	68	19%
Total	50	14%	74	21%	67	19%	59	17%	60	17%	40	12%	350	100%
Host Community Services														
Health care	24	10%	69	39%	39	25%	6	15%	2	5%	6	10%	146	20%
Psycho-social	135	56%	28	16%	44	28%	5	12%	4	11%	1	2%	217	30%
Safety and Security	34	14%	36	20%	23	14%	12	29%	10	26%	10	16%	125	18%
Legal Support	29	12%	30	17%	18	11%	9	22%	19	50%	17	28%	122	17%
Referral pathway	19	8%	16	9%	35	22%	9	22%	3	8%	27	44%	109	15%
Total	241	34%	179	25%	159	22%	41	6%	38	5%	61	8%	719	100%

The above chart indicates that 52% of the returnee survivors considered psychosocial services to be 'very good', hence, it received the highest rating amongst all the provided services.

Safety services only received 33% of satisfaction rate making them the lowest satisfaction level for services provided.

This is an area that needs further assessment and efforts at the intervention level as safety services are pre requisite for protecting and upholding the human rights, the absence or the lack of which also affect the provision, and access to other life saving services as well.

In general, services such as health care, psychosocial, safety, legal support, and referral services were considered to be 'very good' by some survivors and

'very bad' by other returnee survivors.

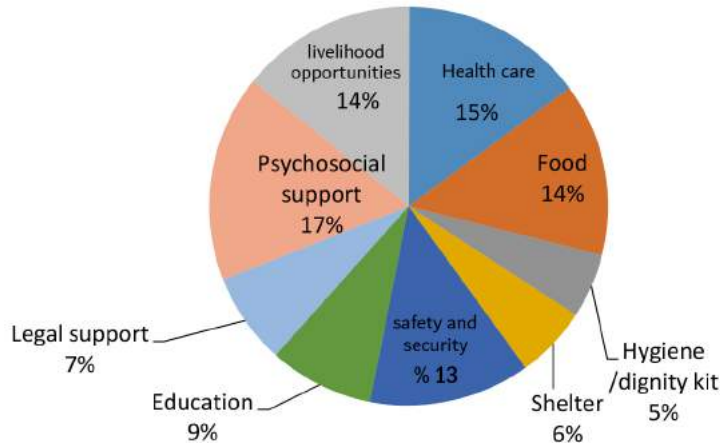
This shows that returnee survivors have satisfactory and unsatisfactory appraisals for these services. Service providers need to take this finding into consideration and improve where it is most needed. On the other hand, 56% of the host community survivors rated psychosocial services to be 'very good', the highest amongst other services. However, 50% of the respondents considered safety services as 'very bad'. Comparing these findings, it seems that the returnee survivors' level of satisfaction with services is lower than other populations such as the host community members, the IDPs, and the refugees. Again, this finding proves the necessity of re-assessing the quantity and quality of services provided to the areas which survivors have returned to.



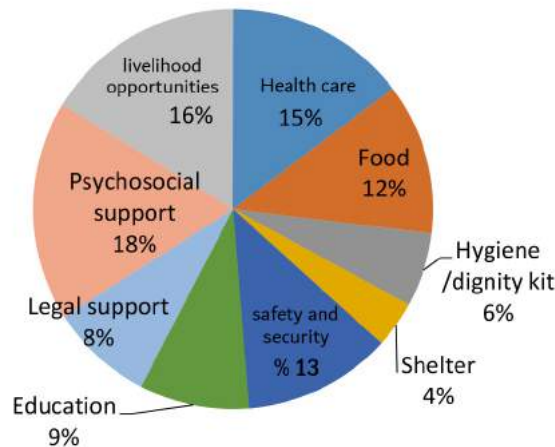


4.1.26 The extent of the IDP and the refugee survivors' need for basic services

IDPs



Refugees



The figures in this pie chart revealed that the most significant need of the refugee and IDP survivors was the psychosocial support, followed by the health care services for the IDPs and livelihood opportunities for the refugees.

The third most primary needs of the IDPs were food and livelihood opportunities.

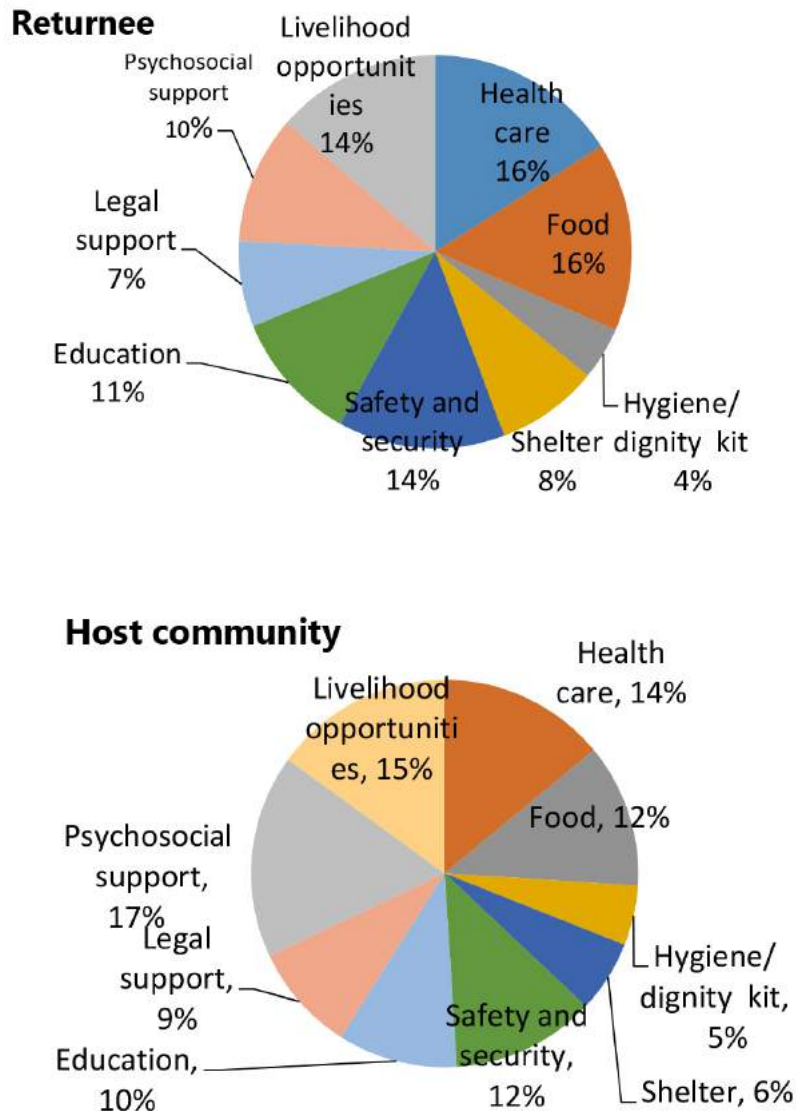
It is important to mention, that in the last few years,

more women have expressed their motivation for self growth and income generation opportunities.⁽⁶⁴⁾

The third most essential need of the refugees were the health care services, food, and safety and security. As evident, the results for both the IDPs and the are somewhat similar reflecting a resemblance in the conditions of both populations.



4.1.27 The extent of returnee and host community member survivors' need for basic services



This pie chart shows the basic needs of the returnee and the host community survivors.

The main needs of the returnees are health care and food by 16%, followed by livelihood opportunities and safety and security, each by 14%. Safety is an important need especially for women as they are more susceptible to GBV.

However, this risk increases considerably if the women have special needs- live as IDPs or refugees or restrained to living in war-torn areas.⁽⁶⁵⁾

The third expressed need was education. These findings revealed that many returnees are in utmost dire need of critical, life-saving basic services, such as food, health care, safety and security, and education.

Many of the youth and women returnee survivors discontinued education because of the war with ISIS and now want to go back to school.

The needs of survivors amongst the host community members differ.

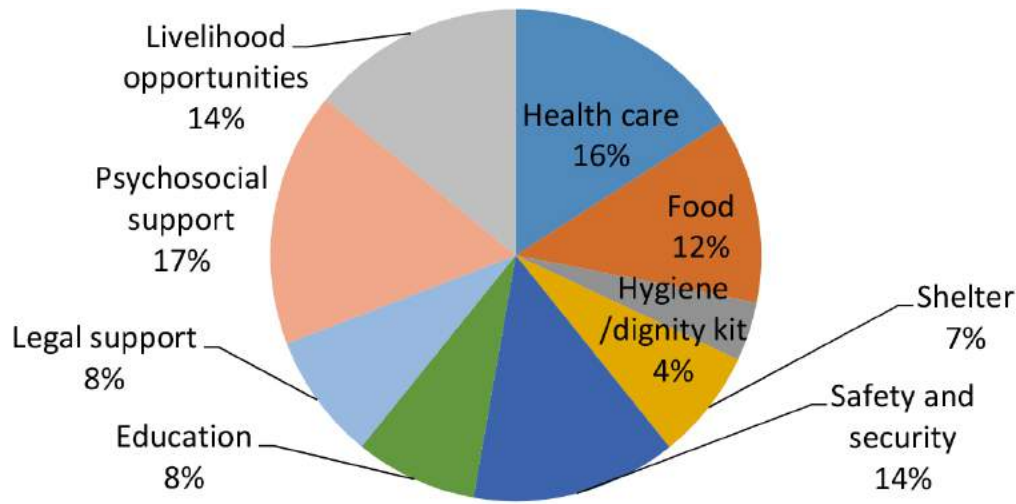
Their expressed primary need was the provision of psychosocial support by 17%, followed by the livelihood opportunities by 15%, and the health care services by 14%, whereas safety and education needs came in the fourth and fifth places respectively.

These differences are probably due to the fact that most basic physical needs of host communities have already been met, and they are more in need of psychosocial support services.

The reason why the psychosocial needs usually came as the primary need is probably related to the enduring impact of GBV on survivors which leads to fear, confusion, a sense of abuse in the immediate aftermath, and a sense of alienation, lack of confidence in self and others, isolation, self-harm, and others, in the long term.⁽⁶⁶⁾



4.1.28 The extent of survivors' needs for basic needs from case managers' perspectives



The pie chart above illustrates survivors' basic needs as outlined by the case managers.

The psychosocial support came as the most significant need by 17%, highlighted for IDPs, refugees, and host community members.

The second most sought after need is the health care especially highlighted for the returnee survivors. Livelihood opportunities and safety and security services came as the third set of needs equally

important to the IDP, the refugee, the returnee, and the host community survivors.

The fourth most important expressed needs are food, followed by education and legal support services. Though there were slight differences noted in how each population prioritizes these needs, they altogether constitute the most basic needs of the IDP, the refugee, the returnee and the host community survivors.

4.1.29 The extent of survivors' need for basic health care services from survivors' and case managers' perspectives

Health Care Needs/Survivors	IDP		Refugee		Returnee		Host Community		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Emergency Family Planning	64	7%	11	9%	29	8%	41	7%	145	7%
Medications	183	21%	25	21%	75	20%	97	17%	380	19%
Injury care	78	9%	10	8%	50	13%	73	13%	211	11%
Hygiene / dignity kit	105	12%	13	11%	39	10%	53	9%	210	11%
Medical counseling	234	27%	14	12%	98	26%	132	23%	478	24%
AIDS prevention	17	2%	5	4%	17	4%	14	2%	53	3%
Lab test	40	5%	6	5%	14	4%	16	3%	76	4%
STI Prevention	23	3%	1	1%	18	5%	16	3%	58	3%
Other	21	2%	5	4%	5	1%	9	2%	40	2%
I didn't need this service	118	13%	30	25%	38	10%	118	21%	304	16%
Total	883	45%	120	6%	383	20%	569	29%	1955	100%
Health Care Needs/ Case Managers										
Emergency Family Planning	20	12%	2	8%	12	21%	41	12%	75	12%
Medications	39	23%	5	20%	12	21%	56	16%	112	19%
Injury care	20	12%	3	12%	8	14%	33	9%	64	11%
Hygiene kit	13	8%	1	4%	1	2%	34	10%	49	8%
Medical counseling	41	24%	7	28%	13	23%	75	21%	136	23%
AIDS prevention	12	7%	3	12%	3	5%	28	8%	46	8%
Lab test	12	7%	2	8%	5	9%	35	10%	54	9%
STI Prevention	5	3%	2	8%	2	4%	29	8%	38	6%
Other	5	3%	0	0%	0%	0%	18	5%	23	4%
Total	167	28%	25	4%	56	9%	349	59%	597	100%

Basic health care includes all of the basic services that are required to meet every day healthcare needs of people.⁽⁶⁷⁾

To survivors, it is evident from the table above that they are in dire need of medical counselling by 24%. 27% of the IDPs, 26% of the returnees, 23% of the host community members, and 12% of the refugees highlighted the priority for the medical counseling. Secondly, overall the survivors are in need of medications, highlighted by 19% of the survivors who took part in this study.

21% of the refugees and the IDPs, 20% of the returnee

survivors, and 17% of the host community survivors prioritized this need for medications.

For case managers, they also placed medical counseling as the principal need by 23%, followed by the need for medications, and health care services by 12% which was highlighted by 7% of the survivors. This disparity in prioritizing the health care services is probably due to the case managers' recognition of the importance of health care needs.

There is a high degree of resemblance in how both survivors and case managers prioritized the health related needs.



United Nations Population F



4.1.30 The extent of the survivors' need for the psychosocial services

Psychosocial Support from Survivors' Perspectives	IDP		Refugee		Returnee		Host Community		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Psychological and emotional support	296	19%	58	25%	108	20%	180	19%	642	20%
Basic social needs	218	14%	23	10%	57	11%	135	14%	433	13%
Case management	142	9%	39	17%	30	6%	71	7%	282	9%
psychosocial counseling	225	15%	26	11%	70	13%	117	12%	438	13%
Livelihood opportunities	223	14%	32	14%	117	22%	145	15%	517	16%
Psychotherapy	111	7%	15	6%	40	7%	76	8%	242	7%
Raising awareness and self-care	225	15%	29	13%	80	15%	155	16%	489	15%
Peer support	73	5%	7	3%	25	5%	57	6%	162	5%
Other	14	1%	0	0%	5	1%	10	1%	29	1%
I didn't need this service	17	1%	3	1%	9	2%	21	2%	50	1%
Total	1544	47%	232	7%	541	17%	967	29%	3284	100%
Psychosocial Support from Case Managers' Perspectives										
Psychological and emotional support	58	23%	6	18%	17	21%	91	20%	172	21%
Basic social needs	31	12%	3	9%	12	15%	53	11%	99	12%
Case management	35	14%	6	18%	13	16%	60	13%	114	14%
psychosocial counseling	41	16%	5	15%	10	12%	61	13%	117	14%
Livelihood opportunities	29	12%	5	15%	13	16%	82	18%	129	15%
Psychotherapy	24	10%	2	6%	6	7%	43	9%	75	9%
Raising awareness and self-care	31	12%	6	18%	10	12%	67	14%	114	14%
Peer support	3	1%	0	0%	0	0%	6	1%	9	1%
Total	252	30%	33	4%	81	10%	463	56%	829	100%

Based on the survivors' own classification of their needs, psychosocial support comes at the top of the needs by 20% averaged from all the responses. However, this need was the most important need for refugees by 25%, the second most important need for returnees by 20%, and for IDPs and host community members by 19%.

For refugees, this prioritization of psychosocial support is probably because of their sense of homesickness in addition to their lived experiences of war related crimes and atrocities back in their countries. Overall, livelihood opportunities came in the second place, though they are the most important need for the returnees by 22%.

15% of the IDPs and 14% of the refugees considered these opportunities as significant.

The returnees viewed livelihood opportunities as crucial because they needed them the most upon return to their areas of origin.

The case managers also classified the most vital needs somewhat similar to the ranking by the survivors, which further validates the classification of

needs suggested by the survivors.

It is worth mentioning when compared to an earlier presented results, which stated that 16% of the survivors did not see a need for the health care services, the current result sets this lack of need as classified by survivors at 1%.

This indicates the importance of psychosocial needs for GBV survivors.

While there is a large need expressed for the MHPSS services for the GBV survivors, what actually exists in Iraq is very much limited.

There are only a handful of psychiatrists and clinical psychologists all over Iraq. Given this lack of specialized MHPSS personnel, most psychosocial support services currently provided are non clinical, mostly by social workers.

There is no specific budget allocation for mental healthcare in Iraq. There is also a need to develop a long term strategy/policy to address MHPSS gap in a structural manner, including curriculum development, licensing, etc.



4.1.31 The extent of the survivors' need for safety and security

Needs for Safety and security from Survivors' Perspectives	IDP		Refugee		Returnee		Host		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Safety and security plans	229	29%	31	28%	115	33%	126	24%	501	28%
Shelter	117	15%	10	9%	74	21%	85	16%	286	16%
Community solution	148	19%	28	25%	62	18%	87	16%	325	18%
Safeguarding	36	5%	4	4%	23	7%	43	8%	106	6%
Incarceration of criminals	91	12%	12	11%	52	15%	82	15%	237	14%
Other	15	2%	3	3%	6	2%	9	2%	33	2%
I didn't need this service	141	18%	22	20%	13	4%	102	19%	278	16%
Total	777	44%	110	6%	345	20%	534	30%	1766	100%
Needs for safety and security from Case Managers' Perspectives										
Safety and security plans	49	33%	5	29%	16	29%	85	31%	155	31%
Shelter	28	19%	7	41%	14	25%	51	18%	100	20%
Community solution	34	23%	1	6%	16	29%	53	19%	104	21%
Safeguarding	13	9%	1	6%	4	7%	23	8%	41	8%
Incarceration of criminals	20	13%	3	18%	6	11%	48	17%	77	15%
Other	6	4%	0	0%	0	0%	17	6%	23	5%
Total	150	30%	17	3%	56	11%	277	56%	500	100%

The table above suggests that survivors in general are in critical need of safety and security plans as 28% of them classified them as necessary.

This need was highlighted as important by 33% of the returnees, 29% of the IDPs, and 28% of the refugees, and 24% of the host community survivors. This indicates that most survivors are facing some kind of security/safety risks, which needs to be addressed.

To the returnees, there is a sense of risk to their lives upon their return hence the prioritization of this need.

Community solution came in the second place by 18%, which is the most important need to refugees by 25%.

In contrast, this need scored the minimum by the host

community members by 16%.

The survivors in general classified shelters as the third most important need, rated as the top priority by returnees by 21%, and the lowest by refugees by 9%. The returnees' concern for the safety made them prioritized safety shelters.

The case managers involved in this assessment also classified the needs somewhat similarly.

Therefore, providing the requirements of a safe and stable life needs to be the priority of the government and security services.

A successful example is the provision of safety shelters in the Kurdistan Region of Iraq which housed 647 women in 2016⁽⁶⁸⁾ ensuring their safety and wellbeing.

4.1.32 The extent of survivors' need for legal support

Legal Support from Survivors' Perspectives	IDP		Refugee		Returnee		Host Community		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Legal counseling	192	24%	30	25%	84	21%	109	19%	415	22%
Legal representation	103	13%	14	12%	56	14%	68	12%	241	12%
Consultation with community	53	7%	7	6%	34	8%	47	8%	141	7%
Reconciliation committee	68	8%	10	8%	35	9%	77	13%	190	10%
Case documentation	86	11%	11	9%	57	14%	36	6%	190	10%
Legal pressure	32	4%	1	1%	19	5%	39	7%	91	5%
Reissuing missing documents	54	7%	4	3%	48	12%	22	4%	128	7%
Legal compliance	55	7%	11	9%	30	7%	57	10%	153	8%
Other	13	2%	2	2%	7	2%	13	2%	35	2%
I didn't need this service	151	19%	31	26%	31	8%	107	19%	320	17%
Total	807	43%	121	6%	401	21%	575	30%	1904	100%
Legal Support from Case managers Perspectives										
Legal counseling	50	27%	8	33%	16	21%	80	23%	154	24%
Legal representation	29	16%	3	13%	13	17%	45	13%	90	14%
Consultation with community	16	9%	0	0%	9	12%	33	9%	58	9%
Reconciliation committee	14	8%	1	4%	12	16%	30	9%	57	9%
Case documentation	26	14%	1	4%	13	17%	34	10%	74	12%
Legal pressure	3	2%	0	0%	1	1%	23	7%	27	4%
Reissuing missing documents	23	13%	6	25%	8	10%	49	14%	86	14%
Legal compliance	14	8%	5	21%	5	6%	42	12%	66	11%
Other	7	4%	0	0%	0	0%	14	4%	21	3%
Total	182	29%	24	4%	77	12%	350	55%	633	100%

The table above shows that 22% of the survivors in general needed legal counseling.

This figure comprises 25% of the refugee survivors, 24% of the IDPs, 21% of the returnees, and 19% of the host community members.

Interestingly, 17% of the survivors believed that they did not need legal support – perhaps due to their lack of awareness or their lack of interest to pursue legal proceeding for their cases.

This figure was 26% by the refugees, while only 8% of the returnees held a similar view. This result shows the dire needs of the returnee for the legal support. Specific areas of such support include legal representation, case documentation, and reissuing lost documents, which are serious needs of returnee survivors.

The case managers' responses show a similar classification of needs. However, while 17% of the

survivors believed they did not need legal support, all case managers maintained the necessity of legal support services for all survivors – based on their experience and knowledge in what survivors needed the most.

Challenges to survivors accessing justice include, a lack of trust in the judicial system, a general lack of awareness of laws and knowledge of basic human rights, impunity for perpetrators and possible re victimization, leading a survivor to feel further

disempowered.⁽⁶⁹⁾

The case managers interviewed particularly stressed upon the need for support with reissuing of their legal documents.

Case documentation and forming reconciliation committees received 10%.

This is a potential area of significance. For example, in the Kurdistan Region of Iraq, a designated reconciliation committee took on 1,037 cases of violence in 2016 and resolved 45% of the cases.⁽⁷⁰⁾



4.1.33 Barriers to survivors' access to services from survivors' perspectives

Obstacles	IDP		Refugee		Returnee		Host		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Lack of awareness of available services	232	22%	28	19%	129	33%	178	23%	567	24%
Lack of faith in the police	105	10%	22	15%	32	8%	99	13%	258	11%
Remoteness of services	135	13%	13	9%	48	12%	79	10%	275	12%
Limited working hours	38	4%	4	3%	20	5%	35	5%	97	4%
Fear of social stigma	125	12%	29	20%	43	11%	89	12%	286	12%
Fear of retribution	146	14%	17	11%	39	10%	92	12%	294	12%
Staff's negative attitudes	85	8%	11	7%	40	10%	73	10%	209	9%
Fear of confidentiality breaches	137	13%	18	12%	27	7%	107	14%	289	12%
Other	62	6%	6	4%	8	2%	6	1%	82	4%
Total	1065	45%	148	6%	386	17%	758	32%	2357	100%

The table indicates that 24% of the survivors in general viewed the lack of awareness as the main obstacle to accessing services.

33% of the returnees that constituted the highest percentage of survivors followed by the 23 % survivors from the host community members, 22% IDPs survivors, and finally 19 % of the refugees also expressed lack of awareness as the main obstacle to accessing services. In the second place, 12% of survivors considered fear of retribution, fear of confidentiality breaches, fear of social stigma, and remoteness of services as the next main barriers to

the delivery and access of services.

More specifically, the IDPs are more concerned about confidentiality breaches, punishment, retribution, and remoteness of services,

whereas refugees are more concerned about social stigmatization, which is a main reason why they do not report their cases – for example, they might be called prostitutes if they do.⁽⁷¹⁾

In the third place and in general, lack of trust in the police was seen as a key barrier, followed by service providers' staff's negative attitude towards survivors of GBV.

4.1.34 Barriers to survivors' access to services from case managers'

Barriers	IDP		Refugee		Returnee		Host Community		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Lack of awareness of available services	31	16%	5	19%	17	25%	76	20%	129	19%
Lack of Trust in the police	30	16%	0	0%	7	10%	50	13%	87	13%
Remoteness of services	22	12%	0	0%	8	12%	37	10%	67	10%
Limited working hours	5	3%	0	0%	2	3%	19	5%	26	4%
Fear of social stigma	32	17%	8	30%	11	16%	56	14%	107	16%
Fear of retribution	38	20%	6	22%	12	18%	56	14%	112	17%
Staff's negative attitudes	11	6%	3	11%	4	6%	32	8%	50	7%
Fear of confidentiality breaches	21	11%	5	19%	7	10%	55	14%	88	13%
Other	1	1%	0	0%	0	0%	6	2%	7	1%
Total	191	28%	27	4%	68	10%	387	58%	673	100%

According to the case managers, the lack of awareness was the main obstacle to the access of services by returnees by 25%, followed by the host community members by 20%, refugees by 19%, and the IDPs by 16%. The second key obstacle is fear of punishment and retribution, highlighted by 17% of the responses. To them, the refugees are affected by this barrier by 22%, followed by IDPs by 20%.

The reason for this high percentage amongst the refugees is that the number of refugees living in Iraq is low and because of strong sense of identity and networking many are known to each other's, hence, may promote punishment and retribution. However, this factor was not linked to returnees' or host community members' obstruction of services as their numbers are higher and the chances of being singled out are less than other population categories. The third factor impeding survivors' access to services, according to case managers, is the fear of stigmatization which comprised 16% of the responses.

This factor was thought to affect refugees by 30%, IDPs by 17%, and the returnees and the host community members to a lesser extent.

The negative attitude of service provider staff members was believed to affect the access of services by 7% reported by case managers versus 9% by the survivors.

As such, the survivors viewed the negative attitude of staff members, established prejudices and judgmental behaviour (especially towards rape and sexual violence survivors) as more prominent contributing factor that limit survivors access to various services. Other barriers include, lack of personal time, linguistic limitation in terms of communication gap between the survivors and service providers, low awareness on available services, breakdown of social network, community attitude, Inter community and/or sectarian tensions, gaps in organization of services for GBV survivors (failure to provide confidentiality, shortage of female police officers, and bureaucratic procedures, etc.⁽⁷²⁾



4.1.35 Survivors' suggestions to improve services

No.	Suggestions	IDP		Refugee		Returnee		Host Community		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1	Raising men's awareness about women wrights	41	9%	9	13%	10	6%	10	3%	70	7%
2	Rebuilding destroyed houses	3	1%	0	0%	2	1%	1	0%	6	1%
3	Arresting ISIS supporters	14	3%	5	7%	6	4%	8	3%	33	3%
4	No suggestions	93	20%	10	14%	28	16%	115	38%	246	25%
5	Reinforcing confidentiality	1	0%	0	0%	2	1%	2	1%	5	1%
6	Financial and livelihood support	127	28%	13	19%	49	29%	46	15%	235	24%
7	Protection of women	15	3%	4	6%	1	1%	9	3%	29	3%
8	Increasing health care centers	18	4%	5	7%	17	10%	14	5%	54	5%
9	Improving and increasing services	149	32%	23	33%	55	32%	95	32%	322	31%
Total		461	46%	69	7%	170	17%	300	30%	1000	100%

The table above shows that the majority of the GBV survivors (31%) suggested that the overall services needed to be improved to effectively respond to the life-saving and unmet needs of the survivors.

The IDPs, refugees, returnees and the host community members also reiterated the importance of improving the overall services.

Secondly, 25% of the survivor respondents did not recommend any suggestions.

Thirdly, the respondents suggested the increase in financial support (cash assistance) and the provision of more livelihood opportunities.

This suggestion came mainly from the (29%) returnees, followed by (28%) IDPs and (19%) refugees, and (15%) host community members.

This indicates the significance of livelihood support to the returnees, which further calls for holistic, community-led integrated programs that may assist the returnees in their recovery efforts.

Fourthly and by 7% of the responses, the survivors recommended engaging men in awareness raising and community sensitization about the protection and promotion of women's rights.

This response may be due to the fact that men are sole decision-makers in terms of deciding what types of services women in their family can access.

This positive result is further reinforced as 75% of the survivors wanted to propose suggestions which imply their hope in improving and re-building their lives and finding solutions to their problems.

4.1.36 The case managers' suggestions to improve services

No.	Suggestions	IDP		Refugee		Returnee		Host Community		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1	Raising men's awareness about women wrights	8	12%	2	25%	0	0%	16	15%	26	13%
2	Rebuilding destroyed houses	0	0%	0	0%	0	0%	0	0%	0	0%
3	Arresting ISIS supporters	0	0%	0	0%	0	0%	1	1%	1	1%
4	No suggestions	15	22%	1	13%	0	0%	16	15%	32	16%
5	Reinforcing confidentiality	0	0%	0	0%	0	0%	2	2%	2	1%
6	Financial and livelihood support	14	21%	1	13%	1	6%	26	24%	42	21%
7	Protection of women	7	10%	0	0%	0	0%	2	2%	9	4%
8	Increasing health care centers	4	6%	0	0%	9	53%	2	2%	15	8%
9	Improving and increasing services	19	28%	4	50%	7	41%	43	40%	73	36%
Total		67	34%	8	4%	17	9%	108	53%	200	100%

The majority of the case managers (36%) called for the need to improving the overall services the most. This result is similar to what survivors emphasized. The case managers mostly made this suggestion for the refugees (50%), followed by the returnees (41%), host community members (40%), and finally IDPs (28%).

The second main suggestion (21% of the responses) put forwarded by the case managers was increasing the financial support and providing additional livelihood opportunities.

This finding implies the critical financial situation that the GBV survivors are in, which could be one of the contributing factors for their vulnerabilities and exposure to risk of the different forms of GBV. Relevant stakeholders, including governmental agencies and local and international organizations, need to take this suggestion seriously.

The third main suggestion put forwarded by the case managers (16%) was improving the quality of the services provision to survivors of GBV.

Noticeably, engaging men more often and raising

their awareness was suggested by the case managers twice (13%) the percentage of the responses from the survivors.

This finding calls for community led integrated programs engaging men and boys as equal partners, but mostly importantly as champions for protecting and promoting the rights of women in their respective communities. As GBV affects everyone the survivor of violence, the family, the community and the larger society, hence, role of men and boys is imperative not only in engaging them in awareness raising and sensitization sessions, but also as equal partners and champions in making their respective communities women friendly by respecting the wishes and feelings of women and girls in making decisions and choices in issues that matters them so that could enjoy and achieve to the fullest potential.

4% of the case managers responses suggested that additional efforts are required to provide protective environment and care to women as they are more likely to encounter and experience different forms of GBV.



KEY FINDINGS FROM THE FOCUSED GROUP DISCUSSIONS WITH THE HUMANITARIAN ACTORS

As part of this assessment exercise, 11 FGDs were also held in 11 governorates, engaging 60 organizations and 90 humanitarian actors.

In addition to the GBV survivor needs and services, the discussions also covered issues related to the organizations' capacity and preparedness for responding to survivors' needs.

Below are the main findings:

survivor needs

The questions in this section aimed at identifying the GBV survivors needs and the extent and quality of services provided to them.

1.In response to the question "In your opinion, what are the most important services, that the GBV survivors need?" majority of the FGDs participants expressed that the immediate safety and security is the most important service that survivors need.

It is important to mention that this opinion was largely held by the FGDs participants from Basra, Diyala, Erbil, Karbala and Kirkuk.

The Psycho social support came as the second most critical need, highlighted mainly by participants from Anbar, Duhok and Sulaimaniya.

The Health Care service was identified as the third most urgent need of the survivors, especially by participants from Baghdad and Salahaddin.

Finally, legal support was seen as the survivor's fifth most essential need.

As evident from these findings, the participants' perception of security and safety as the most urgent need reflects Iraq's recent turbulent history of conflicts and bloodshed, and the very fragile and unstable security environment in which some forms of the GBV unfortunately thrive exponentially. Therefore, most of them see that the establishment of safety shelters

and protection sanctuaries would provide them with a degree of security, especially for returnees.

2.In response to the question "What are the services available to GBV survivors? How far are their needs being met?"; majority of the FGDs participants referred to the need for safe shelters and sanctuaries, especially by participants from Anbar, Diyala, Kirkuk, Ninawa and Salahaddin.

The lack of safe shelters might put many of the survivors lives at immediate risk of further harm. Secondly, psycho social support services were perceived as necessary, which was particularly emphasized by participants from Basra and Duhok. In addition to these two types of services, the need for health care services and raising awareness were also seen as vital for GBV survivors.

The participants' recognition of the essentiality of these services is associated to what they saw as the most crucial needs mentioned above.

3.In response to the question "what are the main challenges that prevent access to services?" The participants considered fear, shame and social stigma as some of the major obstacles, highlighted particularly by survivors from Anbar, Kirkuk, Ninawa and Salahaddin.

These governorates had been previously under ISIS attack.

The lack of awareness was viewed as the second major obstacle by participants from Baghdad, Diyala, Duhok, and Karbala. Noticeably, both of these factors are inter related, as lack of awareness might trigger feelings of shame and guilt amongst GBV survivors.

The lack of faith, trust and confidence in service providers, especially the police and government security agencies, was marked as the third major challenge to the access of services.

4.In response to the question "Are the government led GBV response services able to meet the needs of the GBV survivors?" A noticeable number of the participants believed that they have no legal, safety and security services.

The FGDs participants from Anbar, Diyala, Kirkuk, Ninawa, Salahaddin, and Sulaimaniya expressed their dissatisfaction especially in areas in the middle of Iraq which severely came under ISIS attacks. However, a number of participants thought that the services were to some extent satisfactory, but not at the designed level.

These opinions were mainly expressed by participants from focus groups in Duhok, Erbil, Ninawa, and Sulaimaniya. On the other hand, FGDs participants from Karbala were of the opinion that services providers met the GBV survivors' needs and expectations.

5.In response to the question "In your opinion, what needs to be changed to make the services better and more effective for survivors?"; the FGDs participants from Baghdad, Erbil, Diyala, Ninawa and Salahaddin believed that priority should be given to improving the relationship between the government institutions and service provider organizations to ensure efficiency and reduce bureaucracy to the extent possible.

Secondly, raising awareness was considered, especially from participants from Basra, Karbala, and Sulaimaniya, as the second area that warranted further focus.

These two areas of improvement were prioritized by governorates not directly came under the ISIS attacks. In the third place, FGDs participants from Duhok and Karbala considered entertainment courses and activities to be used as psychosocial coping mechanism for survivors of GBV.

As noticed, the ranking of these priorities differs from one governorate to another depending on and perhaps reflecting the unique circumstances of the GBV survivors in each governorate.

Areas directly hit by the ISIS attacks still seek safety and security services, whereas other provinces pursue raising awareness campaigns and other training courses.

The organizations' capacity in delivering services to GBV survivors

1.In response to the question "What kind of GBV services is your organization providing to GBV survivors?", the majority of the FGDs participants, especially in Anbar, Basra, Baghdad, Duhok, Diyala, Erbil, Karbala, Kirkuk, Ninawa, Salahaddin and Sulaimaniya, considered psychosocial services to be the main area of the services their respective organisations are providing to the GBV survivors. The provision of legal support was the second main area of services especially for organizations in Anbar, Basra, Diyala, Salahaddin and Sulaimaniya.

Other services, such as health care services, came as the subsequent slots in the list.

Most of the participants appraised the quality and extent of the provided services as not sufficient or not satisfactory.

They, therefore, demanded that services be improved, both in terms of quality and quantity, and more training and capacity building opportunities be provided to the service providing teams.

They also emphasized that the government and international organizations, including the United Nations shall further support the provision and delivery of those services.

Many of them also emphasized the need for changing the mechanisms currently in place for partnership with the government agencies that may help service delivery.

2.In response to the question "How has your services changed or affected the life of GBV survivors?"; all of the FGD participants maintained that their services had a positive impact, especially in the areas of rehabilitation of the GBV survivors, the provision of counseling support, creating livelihood opportunities, and restoring self confidence and self esteem.

The FGDs participants from Baghdad, in particular,

mentioned their footprint in the successful rehabilitation of the survivors, whereas in Diyala, their interventions have significantly improved the rates of survivors' attempts of committing suicides. Overcoming fear of revictimisation was considered as the most significant achievement in Kirkuk.

Similarly, participants focused on restoring the confidence of survivors in Salahaddin, importance of family counselling in Duhok, creating livelihood support in Sulaimaniya, and the provision of legal support in Ninawa.

3. In response to the question, "Are the humanitarian service providers well trained to carry out their tasks?"; majority of the participants believed there had been a moderate degree of training given to humanitarian actors, except for participants from Basra maintained inadequacy of training and capacity building opportunities, which may impact service delivery, and access to services of the GBV survivors. The FGDs participants from Sulaimaniya believed that they had received necessary training in delivery of services in the areas of psychosocial, legal, and livelihood support.

The participants from Diyala expressed the need for more training that may improve the provision of legal support to the survivors.

It is worth noting that none of the organizations mentioned the need for training in self protection for their staff members in operating in high risk areas. Special training is exceedingly necessary for those who work on the cases of sexual violence and rape.

4. In response to the question "How often are the services providers from your organization trained on provision of prevention and response services to GBV survivors?" In Baghdad, Diyala, Kirkuk, Ninawa, and Salahaddin, the average training courses received by staff were four courses per year, whereas the number in other governorates was difficult to average.

The organizations' ability to provide training courses

depended on their capacity, coordination with other organizations and their mechanism of collaboration with government agencies.

5. In response to the question "In your setting, what are the main challenges faced when delivering services for GBV survivors?"; the FGDs participants discussed the challenges and limitations exclusive to their governorates and operation regions as follows:

A. Liberated areas: areas previously attacked by ISIS where IDPs have returned such as Anbar, Diyala, Kirkuk, Ninawa and Salahaddin.

The most salient challenges were:

- Security challenges as the militia groups operated widely with impunity, and could not be trialed in the court of law, thus it has created a sense of instability and fear amongst the population at large, especially amongst the GBV survivors.

- The increased interventions of the state's local authorities, including security agencies in the organizations' operations and programmatic activities is having a negative impact in the service delivery

- The lack of an appropriate response on part of the government to the survivors' life saving critical, as well as long term protection needs.

- Fear of social stigma, social isolation and exclusion, and threats of retaliation and murder, especially for survivors of sexual violence.

- Lack of safety shelters specific to women, men and child survivors.

- The lack of political will and unnecessary bureaucratic delays in implementing laws that could provide legal protection to survivors of violence

- The lack of adequate awareness on part of the survivors about the availability of services in their respective areas

- Tribal customs and beliefs, which react aggressively to sexual violence matters, in most cases, the survivors too are killed in the name of honour.

B.Erbil, Sulaimaniya, and Duhok governorates:

- The lack of continuity in the programs and insufficient funding as most of the programs are delivered for a specific period of time without being renewed or extended.

Most of the beneficiaries of these programs are IDPs and refugees rather than host communities that requires a mix of immediate and long term interventions

- The government institutions' bureaucratic insensitivity towards acknowledging the importance of GBV interventions

- The lack of knowledge about provided services.

- The reported increase in child marriages and polygamy, due to the influx of the IDPs and refugees to these governorates.

C.Baghdad, Basra and Karbala governorates:

- Remoteness of the services, thus making it difficult for survivors to access these services

- The lack of emergencies related interventions that may respond to the urgent, immediate and lifesaving needs of the survivors

- Tribal customs and beliefs which discourage reporting, and withdraw family and social support to survivors of GBV

- The lack of funding for the ongoing as well as new GBV tailored programs that may respond to the unique needs of different gender and age groups.

KEY FINDINGS FROM FGDs WITH GOVERNMENT INSTITUTIONS

In both Baghdad and Erbil, eight FGDS were held with participants from the Ministries of Health, Justice, Labor and Social Affairs, Interior, and Migration and Displacement, regarding the capacity of the government institutions in response to GBV and the provision of services to GBV survivors.

The FGD sessions were conducted with participation of 60 representatives from the above mentioned ministries. Below are the results of these interviews:

1. In response to the question “Which department of the Ministry is working on provision of GBV services?” participants from both Baghdad and Erbil referred to differences in the ministries involved.

For example, at the Ministry of Interior in Baghdad, there is a department called Family Protection Unit, whereas the corresponding Ministry in the KRG has the Directorate of Combating Violence against Women.

Similarly, in Iraq’s MoLSA, there exists the Department of Women Care, while the KRG’s MoLSA has the Directorate of Social Development.

It was also found that there was no or little coordination between these departments and units which may potentially impact service provision, delivery and access of survivors.

2. In response to the question “What kind of GBV prevention and response services are being implemented?”; participants referred to health care services provided by the Ministries of Health in both governments, psycho social services by the MoLSA, legal support services by the ministries of Justice, raising awareness and referral services to other relevant Ministries by Iraq’s MoMD, case management and processing, investigation and referral services by the Ministries of Interior.

Amongst these services, legal services had received the least of survivor satisfaction per the quantitative results presented in the findings section.

Moreover, there are concerns about the lack of gender balance approach of the staffing of the Ministries of Interior in addition to serious questions in relation to incidents of breaching confidentiality of the survivors. 3. In response to the question “Has monitoring and evaluation been conducted for the GBV services provided by the Ministry? When?”; the participants from all the five ministries in Baghdad and Erbil stated that there was no or little monitoring or evaluation done.

In most cases, they collect data and produce reports based on the services provided.

This appraisal was especially vocalized by participants from Baghdad’s Ministries of Interior and Labor and Social Affairs, and KRG’s Ministry of Justice.

Nevertheless, a number of representatives from the Ministries of Health and Labor and Social Affairs believed that there was some degree of evaluation conducted for the GBV services.

Overall, there seemed to be little monitoring and evaluation in part due to lack of political will, as well as lack of government bureaucratic structure.

All the representatives agreed that there had been no or minimum evaluation conducted on the efficacy of the existing safety shelters

4. In response to the question “To what extent have your staff been trained to respond to GBV services?”; the participants agreed that there had not been adequate training opportunities provided to their staff.

The staff at the Ministries of Justice received the least amount of training.

This lack of training and capacity building opportunities have had a negative impact on the competence and efficacy (especially for the ministries of Interior, Justice, Migration and Displacement) in

delivering services such as legal support services compared to psycho social services provided by staff at the ministries of Health and Labor and Social Affairs who had received relatively more training and capacity building opportunities.

5. In response to the question “Which topics and by whom have your staff been trained on GBV response services?”; the participants mentioned that the Ministries of Interior have provided training sessions on human rights, types of GBV, and the implementation of laws, whereas the Ministries of Health have given training on reporting of GBV, how to draft a report, and maintaining confidentiality of the survivors.

The MoLSA have offered training to their staff on case management, psycho social services, and GBV survivors care, whereas the Ministries of Justice have delivered training courses mostly on raising legal awareness.

The latter ministries (i.e. Justice) provided the least amount of training.

This inadequacy in providing training opportunities have led to a lack of proper coordination and consequentially in inefficacy in responding to GBV cases especially.

The number of courses provided to the ministries staff differed. For example, some ministries provided annual training whereas others offered seasonal ones. The participants also referred to the need for training on self protection and care for the staff who operates in high risk areas.

6. In response to the question “What type of trainings do you recommend for your staff to take in future to increase their capacity?”; all the participants expressed their desire for advanced courses on case management, reporting, documentation, and referral pathways.

These courses are especially instrumental for staff at the Ministries of Interior and Labor and Social Affairs, whereas the Ministries of Health and Labor and

Social Affairs are in need of courses on how to report and express in writing the survivors’ psychological trauma.

These requests for training reiterates the finding that there was a need to increase and improve the quality of training and the capacity to respond to the needs of the survivors.

7. In response to the question “What support is available to men and boy survivors of GBV in your Ministry?”; the participants from all the ministries stated that there were no designated places or safety shelters for male survivors.

In some cases, male survivors remain in prisons or police stations. It is worth mentioning that this assessment has found that 22% of all GBV survivors are male whereas only 11% of case managers are men. This indicates a lack of gender responsive balance amongst case managers.

The lack of gender responsive balance is commonplace in the majority of government institutions concerned with GBV matters for example, the majority of staff at the Ministries of Interior are men.

Also, in the Kurdistan Region of Iraq, only 9% of the judges are women, whereas women constitute only 31% of all judicial investigators⁴⁴.

8. Majority of the staff at the MoLSA are women, whereas the ratio at the Ministries of Health is also not gender balanced.

The fact that the majority of the Ministries of Interior staff are men might have demotivated female survivors to report their cases to these ministries.

The same can be said for male survivors at the MoLSA.

9. In response to the question “How does the Ministry receive GBV cases and conducts referral to other Ministries/UN/NGOs?”; the participants from the various ministries reported the following methods of referral pathway currently in place at their respective ministries:

-The KRG's Ministry of Interior received GBV cases through its Directorate of Combatting Violence offices.

-Both, the Iraq's and KRG's Ministries of Interior and Iraq's MoMD forward the GBV cases to the courts of law, and if required to the Ministries of Health.

-The Ministries of Health also receive large volumes of cases which are, through hospitals, courts, or private clinics, forwarded to the forensic medicine units.

-The Ministries of Justice might as well receive cases from the Ministries of Health and Labor and Social Affairs.

Overall, this system of referrals has its own challenges on the face of the bureaucratic delays and government insensitivity in prioritising referrals of survivors to specialized services.

10. In response to the question "What are the main challenges of referral system?"; the FGDs participants identified the following reasons and limitations:

-Withdrawal of cases by the GBV survivors for unknown reasons.

-Physicians' fear to write medical reports due to potential risks and threats to their lives from the perpetrators of violence

-Delays in reporting the cases, mainly due to inefficiency in bureaucracy and reduced working hours.

-Delays in Ministries' coordination and lack of responsiveness especially upon requests for medical reports.

-Delays in court decisions especially with regard to suddenly arising cases, for example, immediate threat to the life of the survivor of violence, etc.

11. In response to the question "Is there enough funding and logistical support to ensure GBV

Survivors response and support and what are the main obstacles to the delivery and access of services

to GBV survivors?"; the FGDs participants highlighted the following barriers:

-Lack of financial support that may aid survivors' through facilitation and referrals to specialized services through transport, etc.

-Adverted political and security conditions especially in the returnees areas.

-Lack of appropriate safety shelters especially in the middle and south of Iraq.

-Gender imbalance amongst the Ministries' staff members.

-The lack of exclusive courts to domestic violence in the center and south of Iraq.

-Limitations in working stations in terms of space and appropriateness, which poses risks to confidentiality.

-Lack of available staff (especially female staff) for emergency circumstances and outside of normal working hours.

-Provision of support for perpetrators and offenders by people in the authority, particularly in regard to cases related to honor killing.

12. In response to the question "What from the current structure needs change/ improvement to enable better response to GBV survivors?";

the respondents proposed the following suggestions:

-Increasing financial support for example, cash assistance and funding livelihood programs.

-Increasing psycho social support and establishing special centers (MHPSS) to survivors

-Establishing centers for the male survivors of violence

-Changing and improving the current system for investigation for both survivors and perpetrators.

A young girl with dark, curly hair styled in two pigtails is looking directly at the camera. She is wearing a bright pink t-shirt with the words 'Sporty Girl' printed on it in a stylized font. The background is a textured, reddish-pink wall. The text 'CHAPTER 5' is overlaid on the image, centered horizontally and partially obscured by the girl's face.

CHAPTER 5

RECOMMENDATION

RECOMMENDATION

In light of the findings revealed as a result of this assessment, the largest in scope, and most comprehensive in terms of the subject matter, and in view of the widespread prevalence of GBV, and cultural acceptance of some forms of GBV, the needs of survivors, and gaps in services, a well coordinated, holistic, contextualized and localized multipartnership approach is required, which include, but not limited to advocacy, awareness raising and sensitization, prevention and timely response services, but beyond that, gender equality and empowerment approach, too. Economically, women have to have the same rights to employment and education.

Politically, they must exercise an equal right to vote and run for all public office roles, should they chose to. Psychologically, they need to be free from all social and psychological barriers which restrict their sense of humanity with dignity and freedom.

Culturally, they need to be empowered to encounter the dominant cultural norms which view women as inferior to men leading to a sense of subordination and eventually gender conflicts.⁽⁷³⁾

Informed by the findings of this assessment, below are some of key recommendations put forwarded at different levels:

At the macro structural level

Long term strategies

- Advocacy for the promotion and implementation of the National Strategy for the development of women in Kurdistan Region 2016-2026 which was jointly prepared by UNWOMEN and High Council of Women Affairs.

The prioritization of allocation of national budget for the development and empowerment of women in Iraq and the Kurdistan Region, ensuring gender equality between men and women and advocating

on the relevant government parties and international organizations to support these efforts through empowering women by boosting their confidence, developing their skills, participating in assuming public positions, being involved in decision making, and participating in the public life, in order to promote human rights and more specifically women's, children's and minorities' rights, the governments should be made to commit to the international conventions such as the 1974's Declaration on the Protection of Women and Children in Emergency and Armed Conflict, the United Nations' Convention on the Reduction of Statelessness in 1961, and the UN Security Council's resolution 1612 in 2005 on the protection of children during armed conflicts.

- Promoting and facilitating gender inclusive reconstruction and recovery process. In particular, making basic social services available, including services for the GBV survivors, in return areas

- Establishing national database on reporting, collection and analysis on trends and patterns of GBV incidents across the country, which can be utilized for policy making and implementation of targeted GBV prevention and response interventions.

- Ensuring more gender equitable distribution of human resources at the ministries to observe the following recommendations:

- Employing more female workers in the Ministries of Interior and appointing more of them to be available for outside working hour shifts.

- Employing more male workers in the Ministries of Social Affairs for providing social services to male survivors.

- Employing more female workers in the Ministries of Justice and the judicial units.

- Engaging boys, men, prominent religious and public figures and social reconciliation bodies in the training

courses on GBV issues, and engaging men more often in the GBV programs including awarenessraising activities as beneficiaries as well as equal partners

- With regard to the Ministries of Health:

- Conducting more medical tests for GBV survivors based on survivor centered approaches

- Ensuring health service providers are aware on GBV issues as well as referral pathway in their respective locations

- Ensuring implementation of the Clinical Management of Rape protocol and equip health facilities and health personnels to provide survivor centered clinical services in a safe and confidential environment (especially in Kirkuk, Baghdad and Ninawa where timely access to health services was reported to be the least)

- Strengthening MHPSS services, especially for specialized services for the GBV survivors, through curriculum development and licensing as well as providing more medical counselors and medications.

- In relation to the Ministries of Interior:

- Focusing more on issues related to safety and security for survivors, including confidentiality issues

- Establishing more family counseling centers across Iraq via the Ministry of Interior.

- Establishing an all women police unit to receive complaints and petitions from women survivors.

- Supporting community police to sensitize the communities on the GBV issues and refer GBV cases to specialized service providers.

- Opening and providing helpline for those who are survivors of GBV in central and southern part of Iraq based on survivor centered approach, GBV Guiding Principles, and country specific SOPs

- Establishing procedures for receiving complaints, investigating the cases and filing charges with the court of law, which is timely efficient, safe and

confidential and does not violate the dignity of the survivors

- In relation to the Ministries of Labor and Social Affairs:

- Improving the efficacy of providing survivors with emotional support and livelihood opportunities.

- Improving the existing shelters and building new ones especially in the central and south of Iraq.

- Conducting annual assessments of the services provided by the shelters and the impact of these services on the lives of survivors.

- Ensuring clear TORs for the social workers providing GBV services and their full time commitment towards their TORs

- In relation to the Ministries of Justice:

- Focusing more on legal counseling and legal representation for the GBV survivors.

- Assisting survivors in the reissuance of missing legal documents.

- Striving to make the country's legislative, executive and judicial systems and institutions more independent and transparent that ensure delivery of justice for survivors of violence without any political and administrative interference in the administration of justice

- Establishing special courts for domestic violence cases in the central and south of Iraq.

- Filling the gap between the existing laws and their application via some practical mechanism that may ensure the implementation of the laws in letters and spirit. For example, although early marriage and forced marriage are both illegal in terms of laws, yet it is widely in practice in most parts of the governorates

- Unifying the laws of personal status and gender based violence between KR I and Central Government so that to fill in the legal gap between both governments, and implementing machineries.

Recommendations

-Reviewing mandatory reporting provision as this is violates survivor centered approaches

- In relation to the Ministries of Education:

-Supporting mandatory schooling especially for primary education (i.e. until grade 9).

-Raising gender awareness and sensitization in the schools especially with regard to child marriages and its negative consequences.

-Re enrollment of the children who have had dropped out of schools due to ISIS attacks that impacted children the most, in view of drop outs from schools

-Appointing more social workers and psycho social counselors in schools.

- In relation to the Ministries of Culture:

-Ensuring training for all media outlets on gender sensitive and survivor centered media reporting.

-Increasing entertainment and human development activities, particularly amongst the youth and the adolescences that are in the youth centers.

- In relation to the Ministries of Higher Education and Scientific Research:

-Establishing research centers for gender and gender based violence related issues in the universities especially located in the central and south of Iraq. Subsequently, establishing coordination links amongst these centers to conduct research on GBV issues in Iraq that may inform interventions and strategies in prevention and response to gender based violence in Iraq

-Strengthening theory in practice and vice versa for Social Work courses thus enabling prospective graduates to translate theory into practice in social work placements and internships, etc.

-Establishing the specialized course for Clinical Psychology

Short term strategies

- Taking necessary and appropriate measures by the relevant ministries (Interior, Justice, Migration MoMD) especially in ISIS assaulted governorates (Ninawa, Anbar, Kirkuk, Diyala, and Salahaddin) in these respects:

-Normalizing the security conditions and increasing coordination between the government and organizations working to address GBV.

-Establishing and improving a hotline for the GBV survivors.

-Supporting voluntary return of the IDPs to their areas of origin.

-The disarmament of the areas from weapons under the control of militia groups which pose a threat to the safety of civilians, more so to the survivors of violence

-Prompt approval of Law to Protect Families from Domestic Violence at the Federal Level

-Establishing more rehabilitation centers for;

-Children who have no parents or guardian to look after them

-Children who do not possess documentations and live on the streets.

-Women, who have been into forced marriages with ISIS members, are not accepted back by their partners and renounced by their families.

-Women who have experienced trauma or post traumatic disorder due to sexual assaults or other violence.

At the mezzo levels (organizations):

- Improving coordination between the local, international and UN organizations and government Ministries to improve services and referral mechanisms based on the GBV Standard Operating Procedures (SOPs)

- Providing more advanced training courses for service delivering staff members taking into account the needs of survivors, continuity and regularity in delivering the courses, and engaging both male and female participants. The training should cover the following areas:

-GBV case management

-Staff self care in fragile situations.

-Emotional burnout and self relaxation especially for case workers and case managers.

-Reporting and documentation, especially reporting

mental states of survivors and analyzing mental states.

- Codes of conduct in relation to dealing with survivors.
- Communication skills when working with survivors of GBV
- Psycho social, legal and family counseling.
- Legal awareness raising and sensitization for those working in the police and combating GBV units to better assist and respond to survivors' needs
- How to interact and behave with survivors, especially male survivors.
- Community reintegration for survivors of GBV
- Training for physicians and health care professionals on how to handle girls and women who have been sexually assaulted.
- Initiating interventions which facilitate social norm changes, especially around domestic violence

because of its high prevalence, and also to mitigate social stigma, honor killing, etc. Also promoting male engagement, increasing their awareness on women's rights, their roles in preventing and mitigating GBV, etc.

At the micro levels (survivors):

- Raising awareness about human rights and legal entitlements such as financial claims and bringing a suit against perpetrators, and other domestic, health and gender related matters.
- Disseminating information about how to access services as well as importance of accessing to certain services (e.g. health) in a timely manner.
- Encouraging survivors to join courses on livelihood opportunities.





CHAPTER 6

REFERENCES

REFERENCES

- ¹ USAID: From the American people, Code of Conduct, Erbil, 2016.
- ² WHO, Ethical and Safety Recommendations for Interviewing Traffic Women, WHO, London School of Hygiene and Tropical Medicine, Daphne Program of the European Commission.UK, 2003, p. 4.
- ³ <https://reliefweb.int/report/iraq/iraq-2018-humanitarian-response-plan-advance-executive-summary-enar> (retrieved on 05/10/2018)
- ⁴ <https://www.iom.int/news/iraq-displacement-figures-drop-below-two-million-first-time-2014-nearly-four-million-have> (retrieved on 05/10/2018)
- ⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/irq_2017_hno.pdf, P4, (retrieved on 05/10/2018)
- ⁶ A Strategy for Peace in Iraq ,A Gender-Sensitive National Reconciliation Platform, NDI –Iraq 2018 , p29, <https://www.ndi.org/sites/default/files/National%20Reconciliation%20Platform%20Formatted%20%28ENG%29.pdf> (retrieved on 03/10/2018)
- ⁷ http://iraqdtm.iom.int/LastDTMRound/Round102_Report_English_2018_August_IOM_DTM.pdf P6 (retrieved on 01/10/2018)
- ⁸ <https://www.iom.int/news/iraq-displacement-figures-drop-below-two-million-first-time-2014-nearly-four-million-have> (retrieved on 03/10/2018)
- ⁹ <https://reliefweb.int/report/iraq/number-returns-exceeds-number-displaced-iraqis-un-migration-agency> (retrieved on 7/10/2018)
- ¹⁰ <https://reliefweb.int/report/iraq/number-returns-exceeds-number-displaced-iraqis-un-migration-agency>, (retrieved on 29/09/2018)
- ¹¹ <https://reliefweb.int/report/iraq/director-unhcr-mena-bureau-pledges-unhcr-s-continuing-support-displaced-iraqis-and> , (retrieved on 25/09/2018)
- ¹² Humanitarian response plan,7 advance, executive summary, FEB, 2018, https://reliefweb.int/sites/reliefweb.int/files/resources/English_2018_HRP_ExecutiveSummary_IRQ_Final.pdf, (retrieved on 23/09/2018)
- ¹³ UNFPA, a report on the GBV Assessment in Conflict Affected Governorate, in Iraq, 2016, p. 16, <https://iraq.unfpa.org/sites/default/files/pub-pdf/The%20GBV%20Assesment.pdf>, retrieved on 05/05/2018)
- ¹⁴ <https://www.humanitarianresponse.info/en/operations/iraq/document/iraq-2019-humanitarian-response-plan-january-december-2018>, (retrieved on 25/09/2018)
- ¹⁵ https://interagencystandingcommittee.org/system/files/2015-iasc-gender-based-violence-guidelines_full-res.pdf (retrieved on 9/05/2018)
- ¹⁶ Yoon Jung Park, Joanne Fedler, Zubeda Danger, Reclaiming Women's Spaces, Nisaa Institute for women's development, South Africa, 2000, p. 21.
- ¹⁷ Skype interview with expert on the situation in the recently-liberated areas on 24/04/2018. Vera Humanitarian Institution for Women's Development.
- ¹⁸ <http://www.uokufa.edu.iq/journals/index.php/Kjl/article/view/3981> , (retrieved on 3/10/2018)
- ¹⁹ A report on the GBV assessment in conflict affected governorate in Iraq- UNFPA – p 17 <https://iraq.unfpa.org/sites/default/files/pub-pdf/The%20GBV%20Assesment.pdf>, (retrieved on 05/05/2018)

- ²⁰IASC, 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action , https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
- ²¹Measurement of early marriage in Tazade and Qoraw IDP camp in Garmayan area, PDO Organization, P 43.
- ²²Kner Abdulla. The status of women in the decision-making circles in Kurdistan. People's Development and Norwegian People's Aid. Sulaimaniya. 2015, p. 21.
- ²³Halim Barakat. The Contemporary Arab society: a social experiment study. Wahra Arabiya Research Center: Beirut. 2006, p. 356.
- ²⁴<http://www.worldbank.org/en/country/iraq/overview>
- ²⁵https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standards.Publication.FINAL_.ENG_.pdf p50
- ²⁶A report on the GBV assessment in conflict affected governorate in Iraq- UNFPA – p 30 <https://iraq.unfpa.org/sites/default/files/pub-pdf/The%20GBV%20Assesment.pdf> ,(Retrieved on 26/2018
<https://iraq.unfpa.org/sites/default/files/pub-pdf/The%20GBV%20Assesment.pdf> ,(Retrieved on 26/2018
- ²⁷Violence against Women in the Legal Framework, prepared by Rebaz Khursheed Mohammad, PDO and NPA, 2015, p. 39
- ²⁸No for child marriage, UNFPA, GDCVAW, 2017, pp11-12
- ²⁹Act No. 8 from 2011, the act of combating domestic violence in Kurdistan Region of Iraq.
- ³⁰Life among the refugees, enhancing protection for vulnerable women and girls among Syrian refugees from sexual gender based violence and trafficking, UNDP, 2015, p5
- ³¹A Strategy for Peace in Iraq ,A Gender-Sensitive National Reconciliation Platform, NDI –Iraq 2018 , p31 <https://www.ndi.org/sites/default/files/National%20Reconciliation%20Platform%20Formatted%20%28ENG%29.pdf>, (retrieved on 27/9/2018)
- ³²Jwan Ismail Baker. Life quality and its link with social integration and belonging. Hamid Press. Amman. 2013, p. 40.
- ³³GBV Sub- Cluster, Iraq, Standard Operating Procedures, for prevention of and response to Gender Based Violence, in Kurdistan Region of Iraq, p. 11. http://iraq.unfpa.org/sites/default/files/resource-pdf/GBV%20SOP KRI_updated%2010.10.2017_Final.pdf (retrieved on 10/05/2018).
- ³⁴<https://iraq.unfpa.org/en/publications/empowering-and-serving-iraqi-women-and-youth> 2014 , p8
- ³⁵<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Access%20to%20Quality%20Health%20Care%20in%20Iraq%20-%20A%20Gender%20and%20Life-Cycle%20Perspective.doc> 2008 , p8, retrieved on 1/10/2018
- ³⁶Kurdistan Men's Union's report for violence against men, 2017. Kurdistan Men's Union.
- ³⁷Article 6, Section 1 of Convention on Children's Rights. United Nations. 1989.https://www.unicef.org/arabic/crc/files/crc_arabic.pdf, (retrieved on 24/4/2018)
- ³⁸<https://data2.unhcr.org/fr/documents/download/52529> August 2016 , p61
- ³⁹Nawal Sadawi and Haba Rauf Izzat. Woman, religion, and morality. Daar Al-fikr Almuasir. Beirut. 2000, PP. 159-160.

References

- ⁴⁰Yoon Jung Park, Ibid. p. 21
- ⁴¹<https://data2.unhcr.org/fr/documents/download/52529> , 2016 , p43
- ⁴²Izzadin Abdulla Yasin. Sexual Violence Against Women. Directorate of Combatting Violence Against Women. UNHCR. Erbil. 2017, p. 59
- ⁴³Yoon Jung Park, Ibid, p. 26.
- ⁴⁴https://reliefweb.int/sites/reliefweb.int/files/resources/gbv_sub-cluster_strategy_iraq_2016_full_endorsed.pdf April 2016 , p7,(retrieved on 4/10/2018)
- ⁴⁵<https://iraq.unfpa.org/en/publications/empowering-and-serving-iraqi-women-and-youth>) 2014 , p8
- ⁴⁶GBV Sub- Cluster, Iraq, Standard Operating Procedures, p. 15
- ⁴⁷GBV Sub- Cluster, Iraq, Standard Operating Procedures, p. 13
- ⁴⁸David Ghanim, Gender and Violence, in the Middle East, Prager Publishers, USA, 2009. p. 217.
- ⁴⁹David Ghanim, Ibid. p. 203
- ⁵⁰Skype interview with expert on the situation in the newly-liberated areas on 26/04/2018. Al-Massella Organization.
- ⁵¹Izzadin Abdulla Yasin. Sexual violence in the international treaties, p. 31.
- ⁵²<http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf> UN 2010 , p31, retrieved on 3/10/2018
- ⁵³<http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf> UN 2010 , p32, retrieved on 2/10/2018
- ⁵⁴https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standards.Publication.FINAL_.ENG_.pdf November 2015 , p24, retrieved on 1/10/2018
- ⁵⁵<http://www.mei.edu/content/iraq%E2%80%99s-internally-displaced-persons-idps-scale-plight-and-prospects> 2012 retrieved on 29/9/2018
- ⁵⁶<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services> , retrieved 4/10/2018
- ⁵⁷<http://www.unhcr.org/51b6e2fd9.pdf> , p6, retrieved on 30/9/2018
- ⁵⁸https://www.hrw.org/sites/default/files/supporting_resources/iraq_dv_formatted_memorandum_final_english.pdf March 2017 , p19, retrieved on 24/9/2018
- ⁵⁹Izzadin Abdulla Yasin. Sexual violence against women. Directorate of Combatting Violence Against Women. UNHCR. Erbil. 2017, pp. 14.
- ⁶⁰Izzadin Abdulla Yasin. Sexual violence against women. Directorate of Combatting Violence Against Women. UNHCR. Erbil. 2017, pp. 22-23.
- ⁶¹<http://legalactionworldwide.org/wp-content/uploads/2014/10/GBV-Legal-Aid-Report-final-29.10.pdf> , P8, retrieved on 3/10/2018
- ⁶²<https://odihpn.org/magazine/identity-crisis-documentation-for-the-displaced-in-iraq/> retrieved on 6/10/2018
- ⁶³Izzadin Abdulla Yasin. Sexual violence against women. Directorate of Combatting Violence Against Women. UNHCR. Erbil. 2017, p. 62
- ⁶⁴Valentine M. Moghadam. From Patriarchy to Empowerment, Syracuse University Pres, USA,2007, p. 139.
- ⁶⁵Izzadin Abdulla Yasin. Sexual violence against women. Directorate of Combatting Violence Against Women.

UNHCR. Erbil. 2017, p. 21.

⁶⁶Izzadin Abdulla Yasin. Sexual violence against women. Directorate of Combatting Violence Against Women. UNHCR. Erbil. 2017, p. 67

⁶⁷<https://www.interiorhealth.ca/YourHealth/PrimaryHealthCare/Pages/default.aspx>, Retrieved on 30/9/2018

⁶⁸Annual report of activities for the Directorate of Combatting Violence against Women. 2017.

⁶⁹https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standards.Publication.FINAL_.ENG_.pdf November 2015 , p41, retrieved on 4/10/2018

⁷⁰Annual report of activities for the Directorate of Combatting Violence against Women. 2017, p32.

⁷¹<https://iraq.unfpa.org/sites/default/files/pub-pdf/The%20GBV%20Assesment.pdf>

⁷²<https://iraq.unfpa.org/sites/default/files/pub-pdf/The%20GBV%20Assesment.pdf> , 2016 , p25

⁷³Mariwan Wirya Qanih. Happiness and silence: Discussions about the current issue of the Kurdish society (2nd ed.). Sardam Press: Sulaimaniya. 2004, p. 65.

A woman with dark hair tied back, wearing a light blue long-sleeved shirt under a grey vest, dark trousers, and black shoes, is walking away from the camera. She is carrying a large blue tote bag with the UNFPA logo. The vest also features the UNFPA logo. The background is a large, weathered, light brown tent or tarp structure. The ground is dry and dusty.

CHAPTER 7

APPENDICES

APPENDICES

Appendix 1: Selection of locations and sample strategy

Method of Identifying Locations ⁱ	Number of locations in each governorate						
Total number of locations in each governorate	1	1-2	3-4	5-8	9-12	13-16	3+
Targeted locations	1	1	2	3	4	5	1+

Size of the Sample

Sampling refers to decisions about who is selected for the research, and on what basis. To ensure that the selected sample represents the population studied, a number of selection criteria needs to be **determined**.^{**} For this assessment and to select the sample at the governorates level, two main criteria

were taken into account: the total population of each governorate based on the IOM's estimates for 2017, and the number of incoming IDPs in each governorate based on the **IOM's estimates for 2017**.^{***} As such, both the original population and the IDPs residing in the governorates were used to decide on the sampling, as shown in the table below:

ⁱFor example, if there were eight women social centers in a governorate, the names of all the centers were jotted down and entered a small box out of which three were randomly taken out. if there were nine youth centers, four were selected in a random draw. All the draws were conducted at workshops.

^{**}Margaret Alston and Wendy Bowles, *Research for social workers*, Routledge, London and New York, 2003, pp. 80-81.

^{***}International Organization for Migration / IOM-Iraq Mission Displacement Tracking Matrix | DTM, PART II GOVERNORATE PROFILES, March 2017.

Types of the sample of the assessment

No.	Sample size based on governorate population			Sample size based on number of IDPs		Total number of survivor participants	Total number of case manager participants
	Governorate	Population	Sample size	Number of IDPs	Sample of IDP survivor		
1	Anbar	1,723,153	33	355,938	62	95	19
2	Basra	2,602,577	50	10,320	1	51	9
3	Baghdad	8,431,327	161	412,836	72	233	47
4	Duhok	748,037	14	395,418	69	83	18
5	Diyala	1,687,362	32	79,716	14	46	9
6	Erbil	1,902,298	36	357,348	63	99	20
7	Karbala	1,075,822	20	66,240	12	32	6
8	Kirkuk	1,198,046	23	362,682	63	86	17
9	Ninewa	3,261,438	62	372,588	65	127	25
10	Salahaddin	1,276,677	25	305,430	53	78	16
11	Sulaymaniyah	2,292,203	44	152,082	26	70	14
Total		26,198,940	500	2,870,598	500	1,000	200

A purposive type of sampling was utilized. That is, the sample selected was thought to represent the population in question based on a number of logical considerations.* As such, 1,000 GBV survivors constituted the sample of this study, which has the potential to represent the GBV survivor population across Iraq, due to the following reasons:

- 1.The assessment was conducted throughout Iraq. The whole GBV survivor population seems to have a large degree of similarity in terms of the political and geographical environments they live in; survivors share the same country and other demographic, social, cultural and educational features.
- 2.The sample taken is a purposive one. This means that the study only included participants

who have experienced violence based on social gender.

In the purposive sampling method, the type of the sample is as much (if not more) important as the size of the sample.

3.The sample was determined based on the population and the number of IDPs in each governorate. Therefore, two universal and impartial factors were used as sampling criteria.

4.The study has assessed the needs of and services provided to GBV survivors from different perspectives: those of survivors, case managers, government institutions, and humanitarian actors.

This multi-faceted approach has led the assessment to represent the majority of GBV survivors in Iraq.

5.The issue of GBV is an extremely sensitive subject matter in Iraq's culture and society. Due to fear, concern for social stigma and shame, not all who have experienced violence opt to report or share their experiences.

6.The questionnaire and interview questions were written using a simple and straightforward language in all the three main languages (English, Arabic, Kurdish). This allowed survivors from all walks of life to participate rather than being restricted to certain people – literates for example.

Sampling Strategy

To follow an academic approach in taking the sample for this study, a number of criteria were set to achieve comprehensiveness and yet consider practicality.

The main criteria were the following:

1.Covering the widest possible geographical breadth: data were collected from 11 governorates based on the population and number of IDPs to obtain a balanced representation of the actual population under study.

2.Covering all social genders: girls, boys, men and women participated in this study.

3.Covering different administrative units: both cities and remote areas were examined.

4.Covering the affected population: survivors from host communities, IDPs, refugees, and returnees took part in the assessment.

5.Covering different locations: low-risk as well as high-risk areas were covered.

6.Covering subjects at the macro, mezzo, and micro levels: relevant Ministries (macro-level), humanitarian organizations (mezzo-level), and survivors and case managers (micro-level) took part in the study.

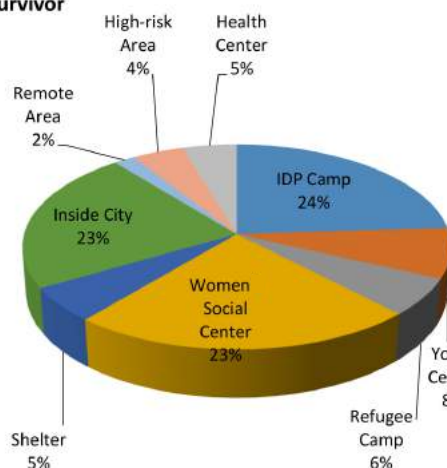
* Sabir Baker Bokani. Scientific
research methods. Chwar Chira
Press. Sulaymaniyah. 2016, p.144.



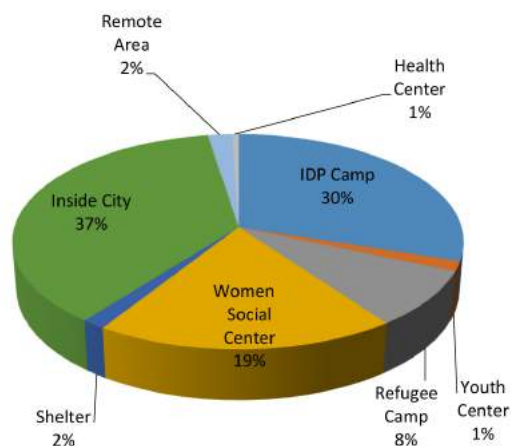
Appendix 2: Location of the respondents

Respondents Status	IDP Camp		Youth Center		Refugee Camp		Women Social Center		Shelter		Inside City		Remote Area		High-risk Area		Health Center		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Survivor	240	24%	79	8%	59	6%	233	23%	55	5%	226	23%	18	2%	44	4%	46	5%	1000	100%
Case Manager	60	30%	3	1%	17	8%	38	19%	3	2%	74	37%	4	2%	0	0%	1	1%	200	100%

Survivor



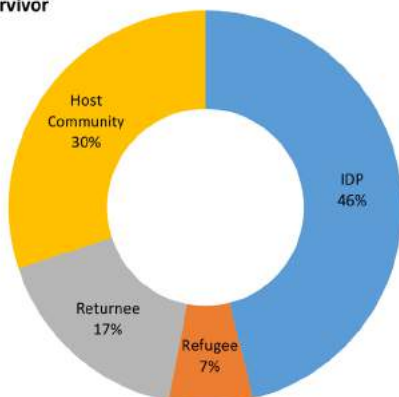
Case Manager



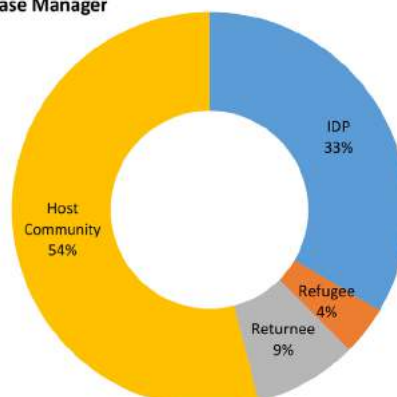
Appendix 3: Status of the respondents

Respondents Status	IDP		Refugee		Returnee		Host Community		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Survivor*	461	46%	69	7%	170	17%	300	30%	1000	100%
Case Manager	67	33%	8	4%	17	9%	108	54%	200	100%

Survivor



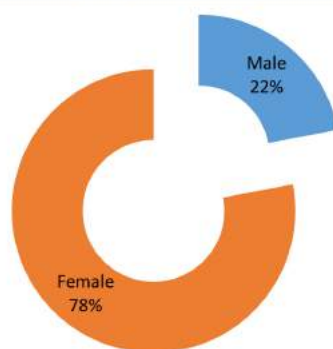
Case Manager



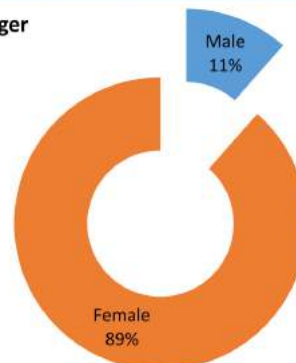
Appendix 4: Sex of the respondents

Respondents Status	Survivors Respondents						Case managers Respondents					
	Male		Female		Total		Male		Female		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
IDP	69	31%	392	50%	461	46%	5	22%	62	35%	67	34%
Refugee	6	3%	63	8%	69	7%	0	0%	8	4%	8	4%
Returnee*	71	32%	99	13%	170	17%	7	30%	10	6%	17	8%
Host Community	74	34%	226	29%	300	30%	11	48%	97	55%	108	54%
Total	220	22%	780	78%	1000	100%	23	11%	177	89%	200	100%

Survivor

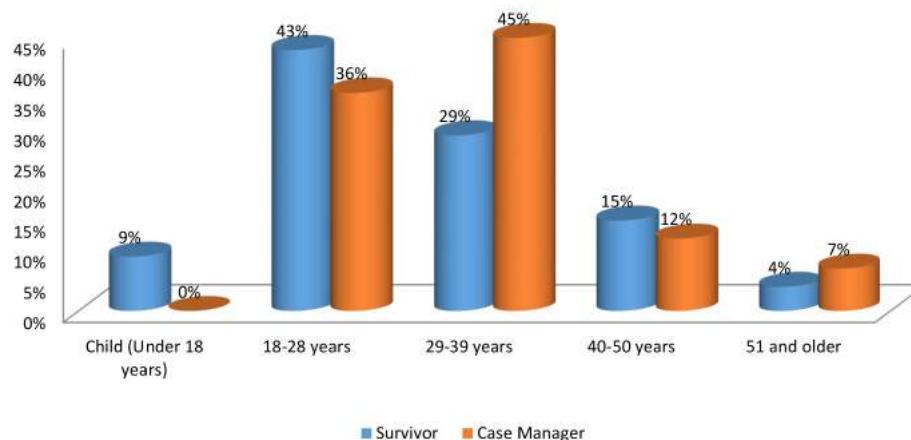


Case Manager



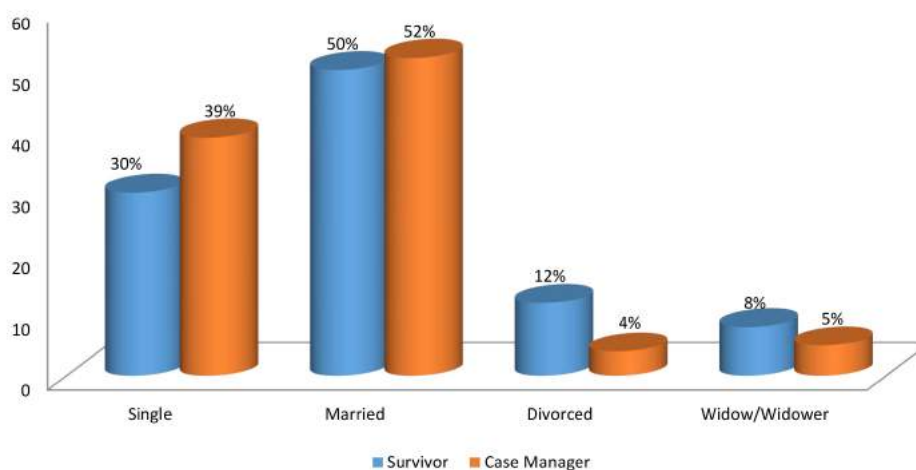
Appendix 5: Age of the respondents

Respondents Status	Child (Under 18 years)		18-28 years		29-39 years		40-50 years		51 and older		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Survivor	91	9%	430	43%	290	29%	145	15%	44	4%	1000	100%
Case Manager	0	0%	71	36%	91	45%	24	12%	14	7%+	200	100%



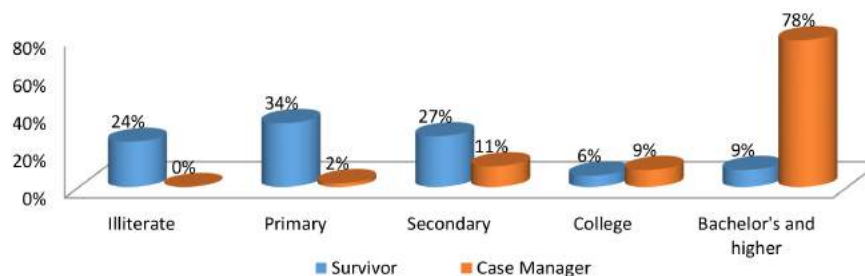
Appendix 6: Marital status of the respondents

Respondents Status	Single		Married		Divorced		Widow/Widower		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Survivor	299	30%	496	50%	127	12%	78	8%	1000	100%
Case Manager	79	39%	104	52%	8	4%	9	5%	200	100%



Appendix 7: Educational background of the respondents

Respondents Status	Illiterate		Primary		Secondary		College		Bachelor's and higher		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Survivor	243	24%	344	34%	264	27%	59	6%	90	9%	1000	100%
Case Manager	0	0%	4	2%	22	11%	18	9%	156	78%	200	100%

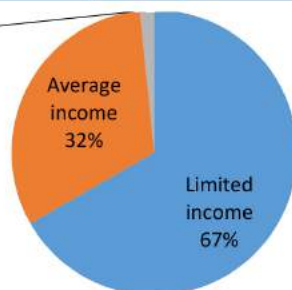


Appendix 8: Financial situation of the respondents

Limited income		Average income		High income		Total	
No.	%	No.	%	No.	%	No.	%
667	67%	317	32%	16	1%	1000	100%

Survivors

High income
1%





UNITED NATIONS POPULATION FUND - IRAQ

صندوق الأمم المتحدة للسكان - العراق



UNITED NATIONS POPULATION FUND - IRAQ
صندوق الأمم المتحدة للسكان - العراق

**Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled**

United Nations Population Fund

UN Compound

Green Zone

Baghdad, Iraq

www.unfpa.org

Iraq.unfpa.org

 @UNFPAIraq

 @UNFPAIraq

 @UNFPAIraq



Canada

 السويد
Sverige

This document has been produced with the financial assistance of Canada, Sweden, and the European Regional Development and Protection Programme (RDPP) for Lebanon, Jordan and Iraq, which is supported by Czech Republic, Denmark, European Commission (DEVCO), Ireland, Netherlands, Norway, Switzerland, and United Kingdom. The contents of this document are the sole responsibility of UNFPA and can under no circumstances be regarded as reflecting the position of the Canada, Sweden, and RDPP.