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A photograph of a woman with long, straight black hair, seen from behind. She is wearing a black and white checkered long-sleeved shirt. Her right hand is raised to her forehead, covering her face. She is standing in front of a chain-link fence. The background shows a dry, dusty landscape under a clear sky. The overall mood is somber and evocative.

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

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