

**Inter-Agency Child Protection Assessment**  
**Erbil, Sulaymaniyah and Duhok Governorates**  
**Kurdistan Region of Iraq**

**July & August 2014**



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## Introduction

This report is based on the data collected during the Child Protection Assessment, carried out by the Child Protection Working Group in Erbil, Sulaymaniyah and Duhok in July and August 2014. Both governmental and non-governmental agencies/ organizations had contributed to the assessment: MOLSA, DOLSA, UNICEF, UNHCR, ACTED, Save the Children International, IRC, Terre Des Hommes, STEP, IMC, KCSAMA and KSC. The CPA exercise is intended to address the CPIE data-gaps, and assess child protection needs within the existing support mechanisms in Kurdistan in the context of the current armed conflict in Iraq.

This report presents information collected through the individual key informant interviews in Erbil, Sulaymaniyah and Duhok governorates. The purpose of the assessment was to gain sufficient information on the type and scale of child protection issues facing IDP children in the KRI, as well as current coping mechanisms to inform planning, programming and advocacy. The key informant interviews were conducted across Erbil, Duhok and Sulaymaniyah. Key informants were selected based on their understanding of the issues facing the IDP community and their insights into the lives of children affected by the conflict, as well as based on who was available from the IDP community for interviews. As a result, key informants included persons such as community leaders, teachers, social workers, as well as other IDP community members.

For each graph/table, the relevant question(s) from the questionnaire are cited and the full questionnaire is annexed to this report. Each graph/table presents information from key informant interviews where key informants responded to that question.

Recommendations indicate some initial responses to findings from the KR-I Child Protection Sub-Cluster/Working Group; coordination at the KR-I CP SC/WG will be encouraged to develop further proposals for improving protection for children currently living in the Kurdish Region of northern Iraq.

The findings focus on child protection topics related to internally displaced populations (IDPs) in the Kurdistan Region of Iraq following the influx in June 2014, and include: separation from usual caregivers; violence against and physical danger to children; psychosocial support and community support mechanisms; access to services and excluded children; children and armed forces and armed groups.

## Context

Following the 6 June 2014 capture of Mosul and Salah a' Din, the humanitarian situation in Iraq has rapidly deteriorated. Systematic and widespread violations of human rights and international humanitarian law (IHL) committed during the course of armed conflict have forced entire communities, minority groups in particular, to flee their homes. In Iraq alone, nearly two million have been rendered internally displaced persons (IDPs), with approximately 1.8 million of the IDPs situated across 1,500 locations; 860,000 IDPs are estimated to be located in the Kurdistan Region of Iraq (KRI). In addition, at least 237,000 of the total 3.6 million Iraqis still living in areas

under the control of ISIL and affiliated armed groups are IDPs.<sup>1</sup>In total, the UN estimates that at least 23 million people in Iraq have been affected by the conflict with 5.2 million people in need of humanitarian assistance.<sup>2</sup>

As a result of the influx of IDPs, within just a few weeks, the populations of communities in the Kurdistan region of Iraq have almost doubled. The vast majority of those displaced are not living in camps but are staying in other types of accommodation, within the urban and sub-urban communities. This has resulted in severe housing shortages, as camps cannot be built fast enough to accommodate the population influx, resulting in the occupation of schools, parks, unfinished buildings and makeshift shelters.

Although the Kurdistan Regional Government (KRG) has made great strides in accommodating the influx of displaced Iraqis and Syrian refugees alike, local government institutions are overwhelmed as they provide basic services such as healthcare, education, water and sanitation, and public safety and policing. The KRG has formed provincial Emergency Cells for humanitarian coordination. In addition, the Iraqi Federal Government has provided cash supplements to some sectors of the displaced population. However, the host national institutions must be strengthened, as hundreds of thousands of people still require assistance with matters of protection, food, clothing, shelter and medical care.

## **Purpose and Scope of the Assessment**

A number of organizations have launched child protection responses, including psychosocial support and legal interventions, mental health services, case management, child protection awareness raising. The current child protection situation for IDP children, beyond psychosocial wellbeing, is not clear and thus necessitates an assessment.

The purpose of the CPA is to address the CPiE data-gaps, and provide the basis for defining child protection needs within the existing support mechanisms for Iraqi children who are currently displaced and staying in the Kurdish Regional Governorates of Iraq. This will enable humanitarian actors to scale-up and continue to adapt programming, based on the child protection situation. Additionally, the findings will also help to inform fundraising and advocacy.

The objectives of the inter-agency CPA:

- a. To determine the SCALE of child protection needs and protection risks
- b. To determine the PRIORITIES for the required response - including geographical and programmatic areas of priority
- c. To provide insights on HOW the response should be configured - including what existing capacities the response can build on
- d. To set up an EVIDENCE-BASE for advocacy with stakeholders

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<sup>1</sup>Iraq Humanitarian Needs Overview 2014-2015

<sup>2</sup>Humanitarian Implementation Plan Iraq Crisis, version 5 last updated 07/10/2014

## Methodology

The assessment was based on a contextualized version of the global CPRA toolkit and on the What We Need to Know (WWNK) principle, with the data gaps identified in the Iraqi IDP context. The tool was also adapted to ensure a cultural understanding of the questions and the relevance of child protection issues explored. The customized CPRA tool was validated by the CPA taskforce and subsequently endorsed by the CPSC/WG across the three governorates.

The findings reflect the views collected from key informants (KI) during the assessment. The results are not a full picture of the scale of child protection concerns but give an overview of the situation, to guide current programming and programme plans, and enable child protection actors to focus on emerging issues.

### Sampling

The assessment adopted a purposive sampling approach, in which the total population was divided into groups (or clusters) and group sampling selected proportionally. Sites were determined by recognizing "natural" groupings of IDPs for all locations. A minimum number of key informants were interviewed per site, based on the population size of the site. The clusters were determined by means of distance and direction from the capital city of each governorate. 44 % of the respondents represented the female population.

During the assessment there was no structured registration and documentation of IDPs in the northern governorates, and there was fluid movement of IDPs due to various political and socio-economic factors. The CPSC/WG worked to estimate numbers of IDPs dispersed in all the sites by verifying IOM/REACH data on IDPs and gathering information on their current numbers, locations, and GPS coordinates. Following this, validation exercises took place in all governorates.

The CPA in Iraq targeted categories that included (but were not limited to) risk, violence against children, and access to services, which were determined by the Child Protection Sub-Cluster/ Working Group (CP SC/WG), and taken from the global CPRA toolkit. The following governorates were covered, in which there were four categories of pre-determined segments targeted, these included a) community leaders b) religious leaders c) teachers and d) IDP community members:

- *Duhok*: Five clusters were selected with 189,553 IDPs; 420 KI interviews were conducted over the six days, with each KI representing 437 individuals.
- *Erbil*: Seven clusters with 39,537 IDPs were selected. 198 KI interviews were conducted over the four days, with each KI representing 200 individuals.
- *Sulaimaniya*: Eleven clusters with 21,698 IDPs were selected; 226 KI interviews were conducted over the four days, with each KI representing 96 individuals.

Data collection was administered electronically using the Open Data Kit (ODK) platform on e-tablets.

Assessment enumerators were provided by various agencies of the CP SC/WG, including Ministry and Departments of Labour and Social Affairs social workers, and social work university students from the School of Social Work. The assessors were required to have the necessary language skills, requisite knowledge in data collection and some level of child protection background or experience.

Prior to the assessment, a two-day training was delivered to assessors across Erbil, Sulaymaniyah and Duhok, covering the following topics: the purpose of the CPA; the CPRA tool; ethics and confidentiality; urgent action; interviewing techniques; data collections and the use of the ODK (Open Data Kit); security; and logistics.

For the purposes of this assessment, the following terms are defined as follows:

- **Unaccompanied child:** (also called unaccompanied minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
- **Separated child:** Those without both parents or without their previous legal or customary primary caregiver, not necessarily separated from other relatives. These may therefore include children accompanied by other adult family members.
- **Missing child:** child whose whereabouts are unknown to their parent, guardian, or legal custodian - or usual caregiver.

### Limitations

Due to the nature of the crisis, limited availability of information regarding the situation of Iraq restricted the ability of the team to gather thorough contextual analysis prior to the assessment.

Some of the assessors did not have thorough child protection and/or assessment experience. Despite the two-day training organized for the team, a lack of in-depth understanding of child protection issues might have reduced the capacity of the assessment teams to extract the best possible answers from the key informants, or perhaps made it difficult for them to discern which questions needed further probing and details.

A further limitation was the nature of the CPRA tool and timeframe available to complete the assessment. This assessment tool is designed to provide an overview of the child protection situation, as opposed to an in-depth analysis of all child protection issues and their complexities. As a result, some of the reasons behind why and how child protection issues exist have been left unexplored.

Because it was largely based on key informant interviews, the study essentially relies on individuals to represent whole communities, and therefore some of the more subtle issues, or issues only affecting certain groups, may have been missed. Ideally, focus group discussions with children should also be included in the assessment, however it was not possible due to security constraints; as such the assessment does not give a space for children's voices to be heard directly.

An additional limitation was the lack of a standardized definition of some key terms throughout the data collection, to ensure that the assessors, key informants and data analysts would be referring to the same concepts and issues. Terms that would require a definition in order to ensure a shared understanding could include SGBV terms, child labour and other technical child protection issues.

## Desk Review

### Profile of Kurdistan Region of Iraq

Iraq's 2005 Constitution recognizes Kurdistan as an autonomous region in the north of the country, run by the Kurdistan Regional Government. This is the outcome of decades of political and military efforts to secure self-rule by the Kurdish minority, who number over 6 million and make up around 17% of the population of Iraq. Kurds, who number 30-40 million in total, live in an area that reaches from Syria in the west to Iran in the east and Iraq in the south, north through Turkey, and into the states of the former Soviet Caucasus. Iraq is the only Country where Kurds have set up a stable government in recent times, albeit within a federal state.<sup>3</sup>The Kurdistan Democratic Party (KDP) under regional President Barzani was ranked first in September 2013's elections in the autonomous Kurdistan Region of Iraq (KR-I), followed by Gorran, an offshoot of the Patriotic Union of Kurdistan (PUK). KDP and PUK have ruled through a coalition Government since 2005. Barzani's term has been extended to 2015.

### The Child Protection System in the Kurdistan Region

#### Legal framework

The government institutions in the Kurdistan Region of Iraq follow Iraqi Law in most cases, with some exceptions when the legislative system in Kurdistan passes new legislation. The 1987 Labor Law, as amended by the Coalition Provisional Authority Order Number 89, sets the minimum age for employment at 15 and prohibits anyone under age 18 from engaging in hazardous work. The Iraqi constitution prohibits trafficking of women and children and the sex trade. Law No. 8/1988 on combating prostitution comprehensively prohibits prostitution, including uses of persons for prostitution. Order No. 89 outlaws child prostitution and child pornography; violations are punishable by imprisonment. The Penal Code does not directly address or establish penalties for human trafficking, although child trafficking is punishable by up to three months of imprisonment under Order Number 89. The Constitution also 'guarantees the protection of motherhood, and childhood' and commits to 'care for children and youth and provides them with the appropriate conditions to further their talents and abilities'; in addition 'all forms of violence and abuse in the family, school and society are prohibited' as is economic exploitation of children.<sup>4</sup>In a positive step, on 7 May 2013, the Council of Representatives passed the Amendment to the Social Care Law no. 126 of 1980, which provides greater protection and care to children

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<sup>3</sup> BBC, Iraqi Kurdistan Profile, <http://www.bbc.com/news/world-middle-east-28147263>

<sup>4</sup> ibid

in shelters, state houses, and orphanages. The amendments specifically provide protection to children who are the victims of domestic violence and those who are under the care of the State.<sup>5</sup>

The Kurdistan region has worked in the recent years towards the greater realization of human rights in response to advocacy campaigns by activists and NGOs by passing new legislation or amending existing Iraqi law. Most of these amended, or new laws, relate to the rights of women and youth. With regard to children, the Kurdistan Parliament formally ratified the child protection law on 28 July, 2013;<sup>6</sup>the law focuses on children’s rights in general, with a particular focus on children with special needs, and school enrolment to ensure an inclusive environment. According to the law, it is the duty of the government to enhance citizen’s understanding of child rights, and to address challenges regarding child labour. Child protection, care and education is the responsibility of the families, schools, citizens, society and the State. The best interests of the child must be of primary concern to agencies, organizations, families and individuals.<sup>7</sup>

In terms of the international treaties applicable to the Kurdistan Region, United Nations Convention on the Rights of the Child (CRC) entered into force in Iraq on 15 July 1994,<sup>8</sup>and the new Iraqi Constitution, which was approved by a referendum in 2005 also endorsed the CRC.<sup>9</sup>ILO convention 138 is also applicable, as the convention was ratified on the 13 February 1985, specifying the minimum age at which a child can legally work at 15 years. Furthermore, ILO convention 182 on the worst forms of Child Labour was ratified on the 9th July 2001.<sup>10</sup>

Key Stakeholders (ministries and directorates) in the Kurdistan Region

Ministries/Directorates	Focus
<b>Directorate of Social Affairs</b>	Operates orphanages, shelters for elderly, and women shelters Operates educational institutes for children with disabilities (sight, speech and hearing disabilities) Family Protection Network provides monthly financial assistance to families who are assessed as vulnerable by a team of social workers Operates reformatory for juveniles who are in conflict with the law (in close collaboration with the Ministry of Interior). Operates centers for children at risk of delinquency (Havalcentre) A center for autism will be operational soon
<b>Directorate of Labour</b>	Delivers vocational trainings and serves as a link between job seekers and the private sector (no specific programme to address child labour).
<b>Ministry of Interior</b>	Protection from crime and terrorism Juvenile Police stations identify children in conflict with the law or children at

<sup>5</sup> UNAMI and OHCHR, “Report on Human Rights in Iraq: January – June 2013”, (2013), p.34, [http://www.uniraq.org/images/humanrights/HRO\\_Human%20Rights%20Report%20January%20-%20June%202013\\_FINAL\\_ENG\\_15Dec2013%20\(2\).pdf](http://www.uniraq.org/images/humanrights/HRO_Human%20Rights%20Report%20January%20-%20June%202013_FINAL_ENG_15Dec2013%20(2).pdf)

<sup>6</sup>See more at: <http://www.peyamner.com/english/PNAnews.aspx?ID=316864#sthash.obaXs2yi.dpuf>

<sup>7</sup>See more at: <http://www.peyamner.com/english/PNAnews.aspx?ID=316864#sthash.obaXs2yi.dpuf>

<sup>8</sup>Save the Children Sweden, (August 2008), “Child Rights Situational Analysis for MENA Region”, p.43

<sup>9</sup>ibid

<sup>10</sup>International Labour Organisation, “ILO Conventions and Recommendations on Child Labour” <http://www.ilo.org/ipec/facts/ILOconventionsonchildlabour/lang--en/index.ht>



	risk of delinquency
<b>Ministry of Justice</b>	Juvenile courts – minimum age 11 (If sentenced - Juvenile reformatory; if delinquent - Rehabilitation centers)
<b>Ministry of Education</b>	Provides education programmes /schools A law prohibiting physical punishment was passed few years ago Education is free, including universities, and it is compulsory up to the grade six.
<b>Ministry of Health</b>	Manages the health system (No protocol for detection, reporting and assistance of children who are victims of violence)

<b>Child Protection Indicators</b>		
<b>Orphaned Children</b> (UNICEF 2012)	No. of children who have lost at least one parent	800,000
<b>Birth Registration</b> (UNICEF 2012)	% of children under 5 years registered at birth	99.2%
<b>Early Marriage</b> <b>(before 18 years)</b> (UNICEF 2012)	% of girls married by 15 years (between 2002-2012)	4.6%
	% of girls married by 18 years (between 2002-2012)	24.3%
<b>Female Genital Mutilation/Cutting</b> (UNICEF 2012)	Prevalence of FGM/C for women	8.1% (women) 3.1% (girls)
<b>Child Labour</b> (UNICEF 2012)	% of children undertaking economic activity (between 2002-2012)	4.7%
<b>Children in Conflict with the law</b>	No. of children in detention (between 15-17 years) <sup>11</sup>	302
<b>Children with disabilities</b>	No data ascertained online	

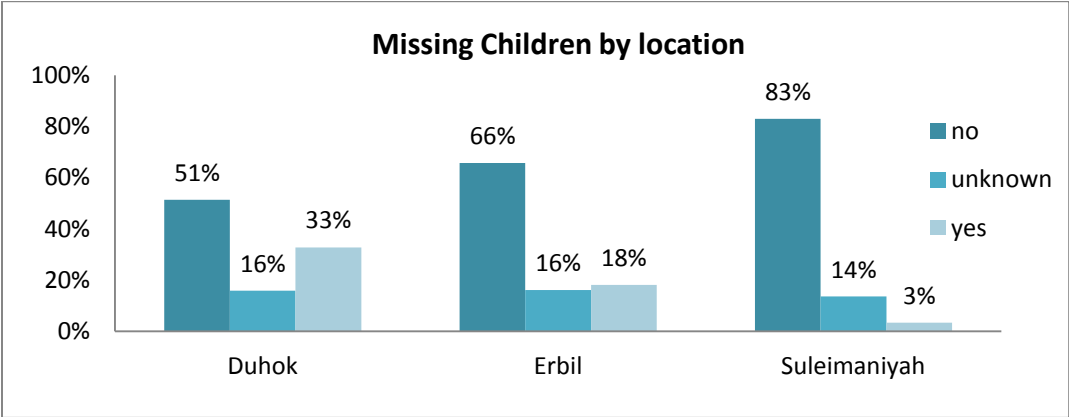
## Findings

### Separation from Usual Caregivers

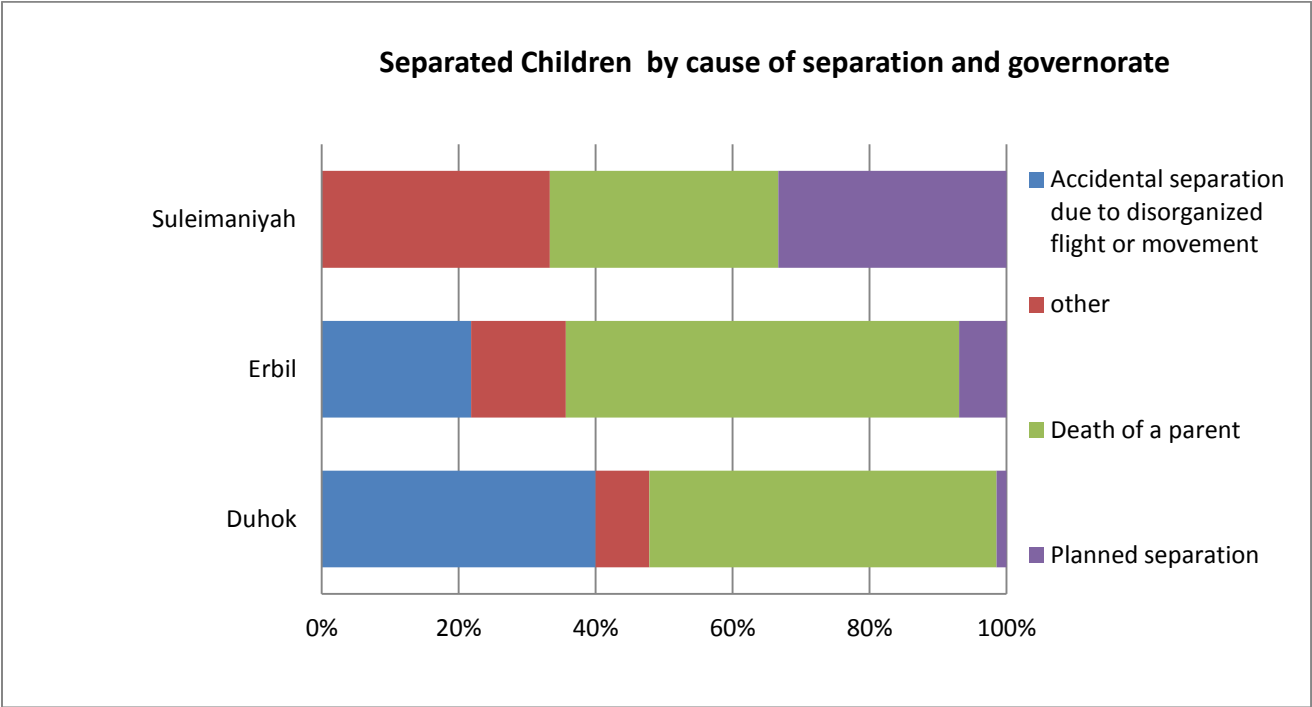
Twenty four per cent of key informants reported missing children and 9% of key informants reported that there were unaccompanied children. Among the IDP population it was reported that the majority of separated children were being cared for by extended family, adult siblings and other family.

<sup>11</sup> United Nations Office of The Special Representative of the Secretary General for Children and Armed Conflict, Iraq, <http://childrenandarmedconflict.un.org/countries/iraq>

While the majority of key informants reported no missing children (83 %, 66 % and 51%, in Suleimanyah, Erbil and Dohuk, respectively) there were key informants in all governorates that reported some cases of missing children with the highest reported cases of missing children being in Duhok governorate, followed by Erbil.

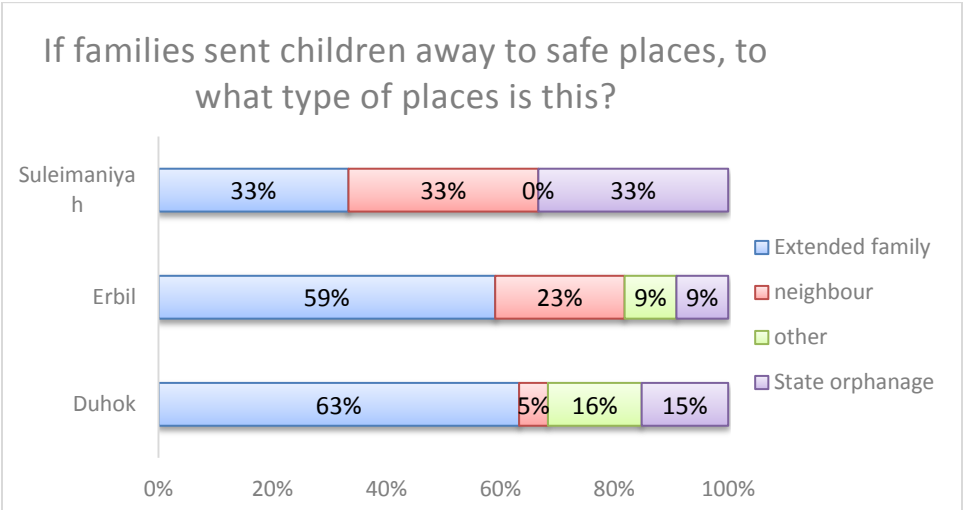
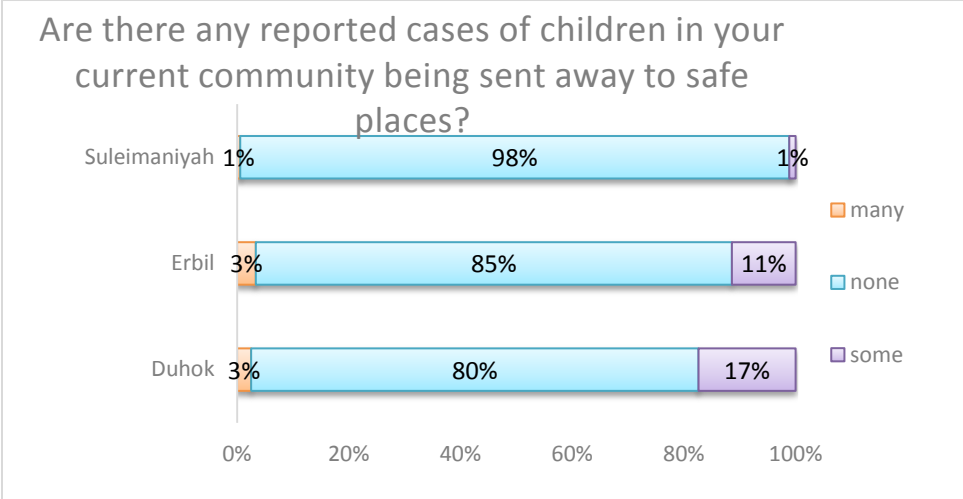


The causes of separation varied somewhat by governorate. In Sulaymaniyah there were no reported cases of accidental separation and a large proportion of planned separations. Conversely, in Duhok there were very few reported cases of planned separation. In all governorates, the death of a parent was a key cause of separation. Causes of separation cited under ‘other’ included: parental divorce, fear of death of children, early marriage, abduction of parents and the parents are with the armed forces.



The majority of KIs reported that there were no cases of children in their current community being sent away to safe places (98%, 85% and 80% in Suleimanyah, Erbil and Duhok, respectively). However, of the minority of respondents that indicated that children were being sent away, a significant proportion said that the children

were being sent to stay with neighbours or state orphanages. Other places where children were sent included other countries, orphanages for yazidi children, schools and centres and organisations.



Additionally, 11% of key informants reported that there were groups of children living in the community without adults, 53% of those reported that these included children under the age of five.

Key informants were also asked what action the community would undertake if they came across a child who does not have anyone to care for him/her. Of the key informants, 47% in Sulaymaniyah and 48% in Erbil and 34% in Duhok indicated that the community would inform the police about the child’s situation. Of the remaining responses (see table herein), only 3% of respondents in Sulaymaniyah said that the community would contact an NGO, 6% in Duhok and 13% in Erbil.

Community action for UASC	Key Informant’s Response		
	Erbil	Sulaymaniyah	Duhok
Care themselves	12%	11%	27%

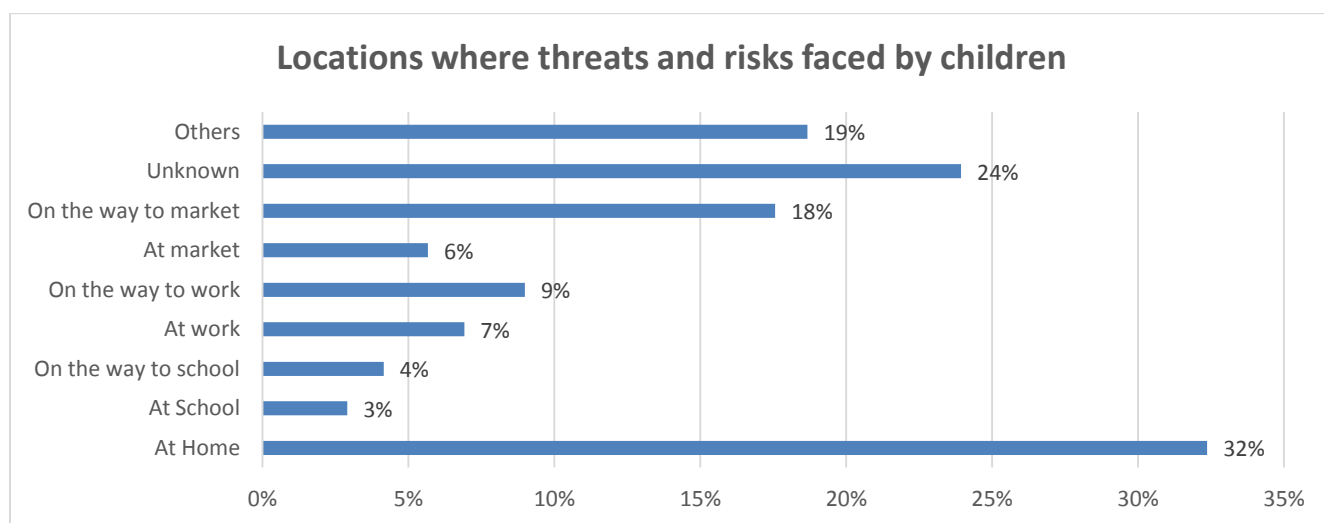
Temporary care	22%	37%	49%
Find other care	15%	8%	7%
Police	48%	47%	34%
Inform others	0%	0%	0%
NGO	13%	3%	6%
Do nothing	0%	0%	0%
Don't know	0%	0%	0%
Others	3%	4%	2%

### Violence Against and Physical Danger to Children

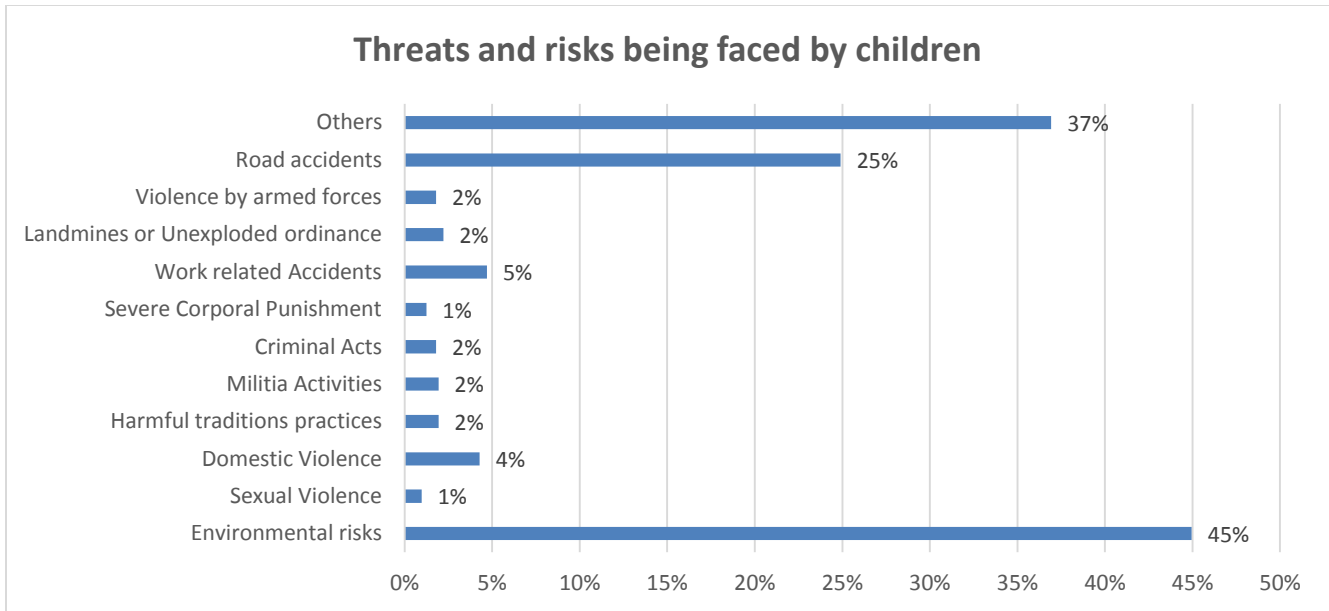
While the highest percentage of respondents (46%) reported that there had been no deaths or serious injuries to children as a result of the risks and threats listed herein 34% of respondents cited that 1-5 children in their community had died as a result of the risks and threats. Eight per cent of key informants indicated that more than

50 children in their community had died within their communities.

Children were reported to be at greatest risk when at home, or on the way to the market. Other locations where they were at risk included the streets, latrines or toilets in the camp.



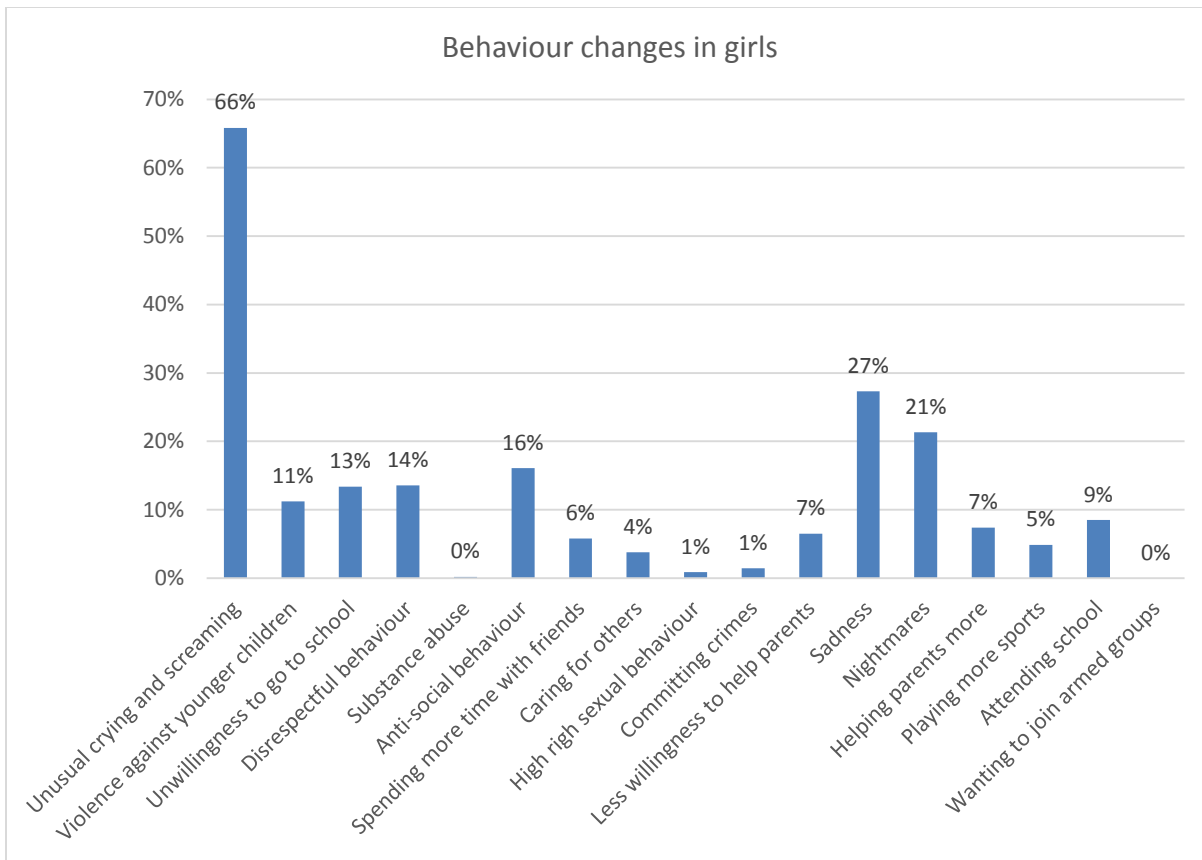
The most frequently reported threats and risks facing children were environmental risks, road accidents, work related accidents and domestic violence. Environmental risks were generally considered to be those related to children’s physical living environment and surroundings. The category ‘other’ included hunger, lack of health facilities, dangerous animals, snakes, scorpions and the weather.



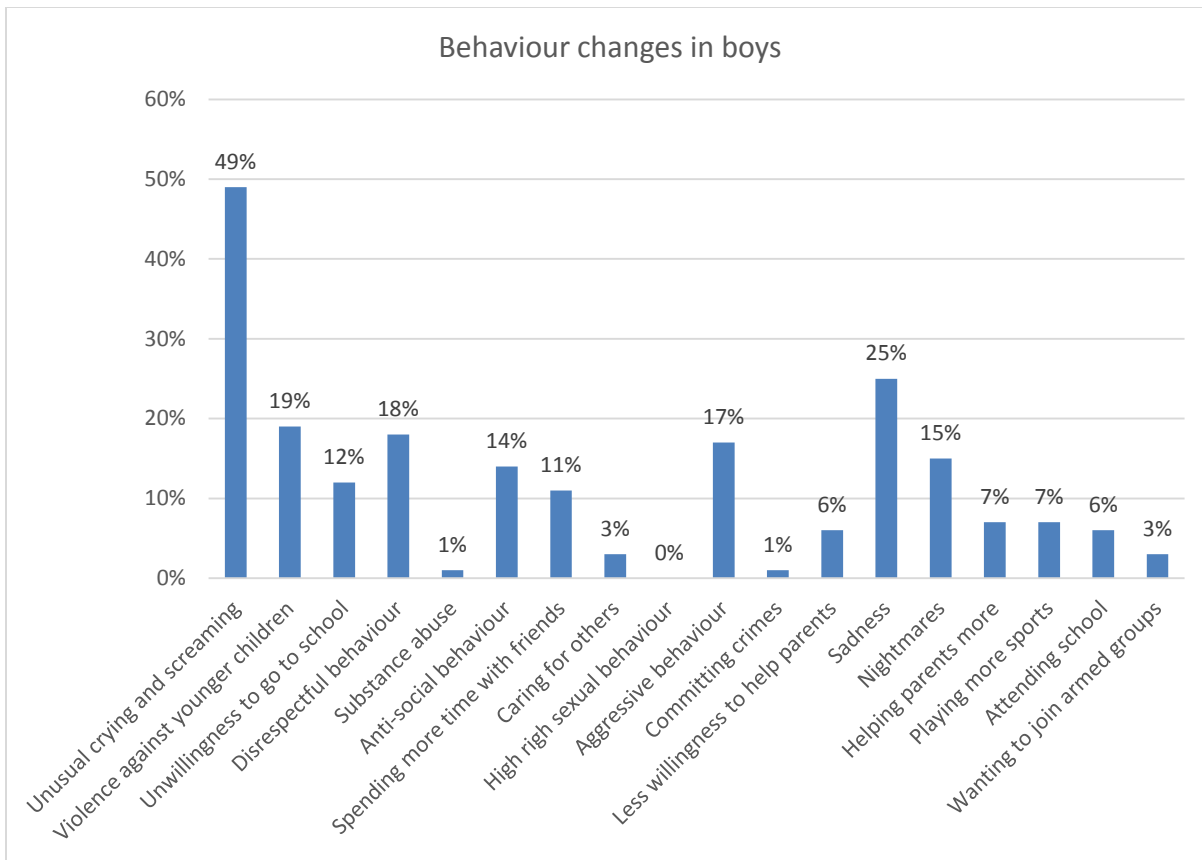
Although the majority of child labour was reported to be voluntary, up to 21% of cases were children who were forced to work by their families, with 3% of key informants indicating children also being forced by others. Forms of child labour identified in Erbil include but are not limited to, construction work, blacksmithing, begging, lifting, carrying water, cleaning, washing cars, street selling. Most key informants indicated that children in their community were not subjected to these types of harsh and dangerous types of labour prior to the conflict. One per cent of key informants also reported that children were subjected to sexual exploitation.

### Psychosocial Support and Community Support Mechanisms

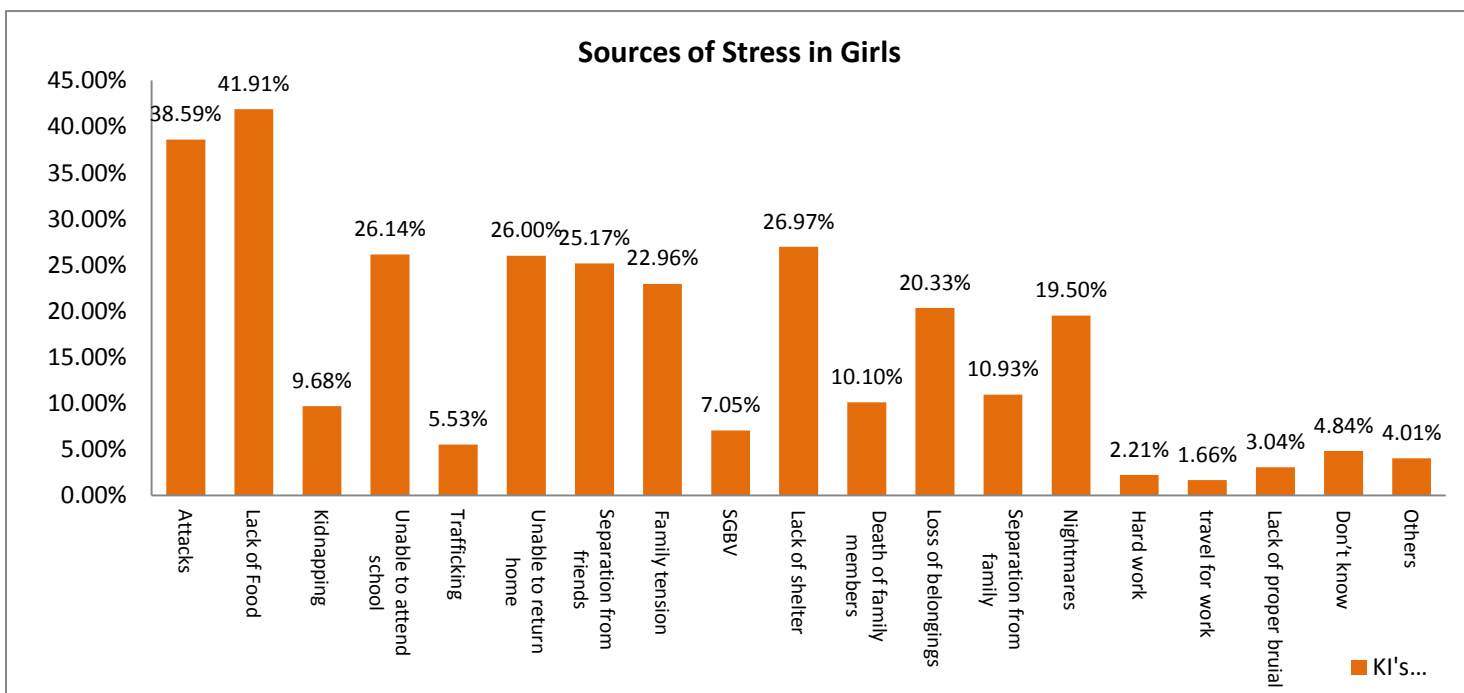
Seventy six per cent of key informants reported behavior changes in children since the crisis. The most common behavior change cited for girls was unusual crying and screaming, with 66% of key informants listing this as a behavior change. This was followed by sadness (27%), nightmares (21%), antisocial behavior (16%) and aggressive behavior (16%).



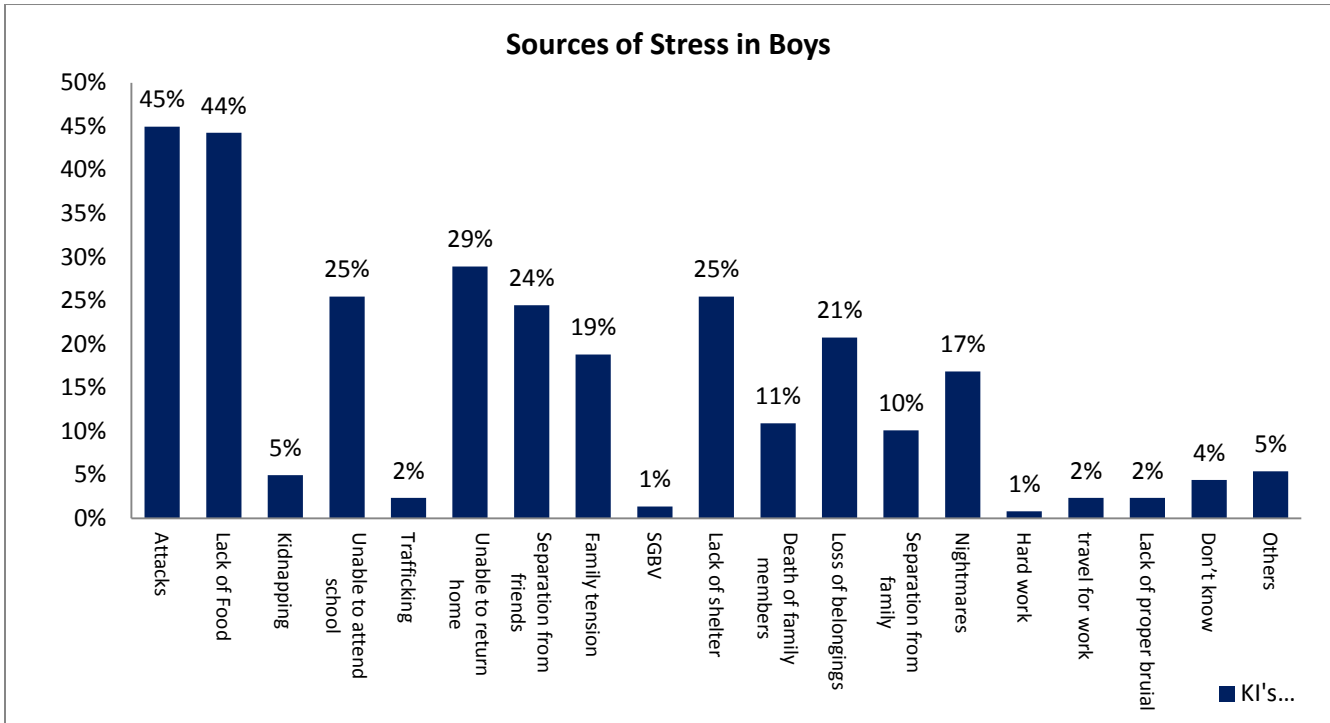
Among boys, unusual crying and screaming was also most commonly cited as a behavior change (49%). This was followed by sadness (25%), violence against younger children (19%), disrespectful behavior (17%) and aggressive behavior (18%).



The key source of stress for girls most frequently reported by key informants was the lack of food, attacks, lack of shelter, being unable to attend school, being unable to return home and being separated from friends.

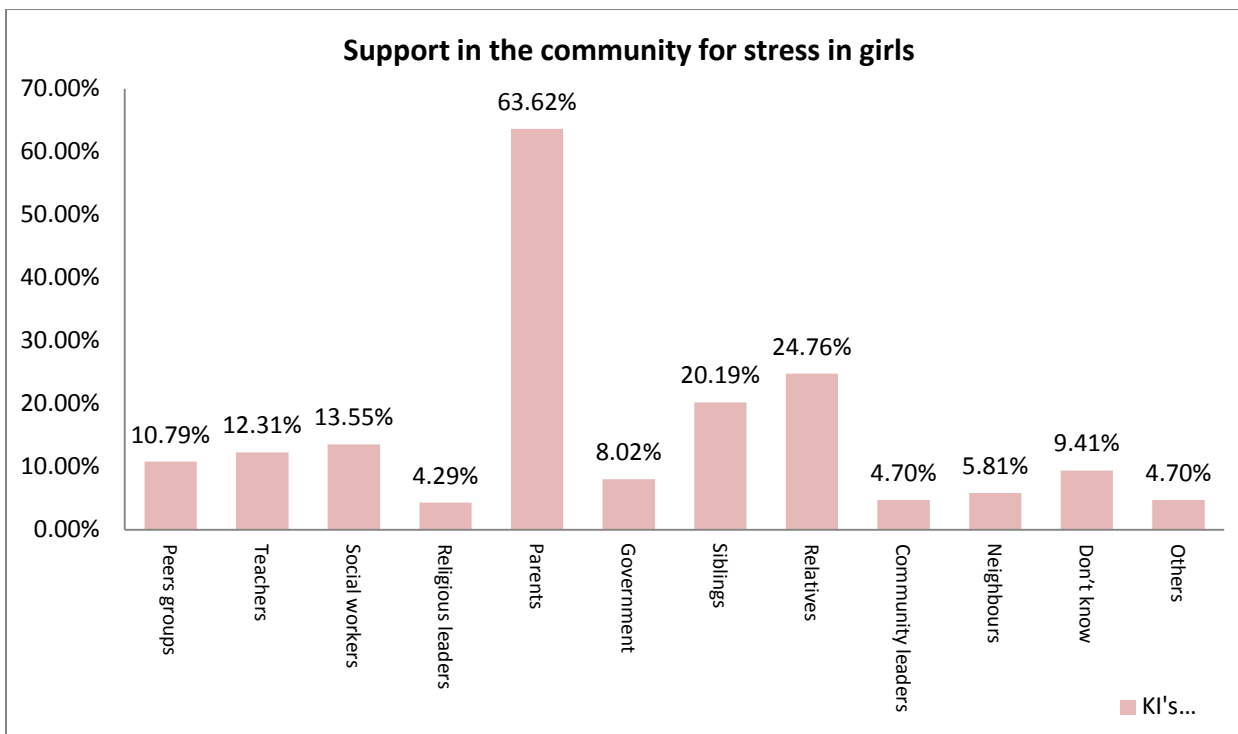
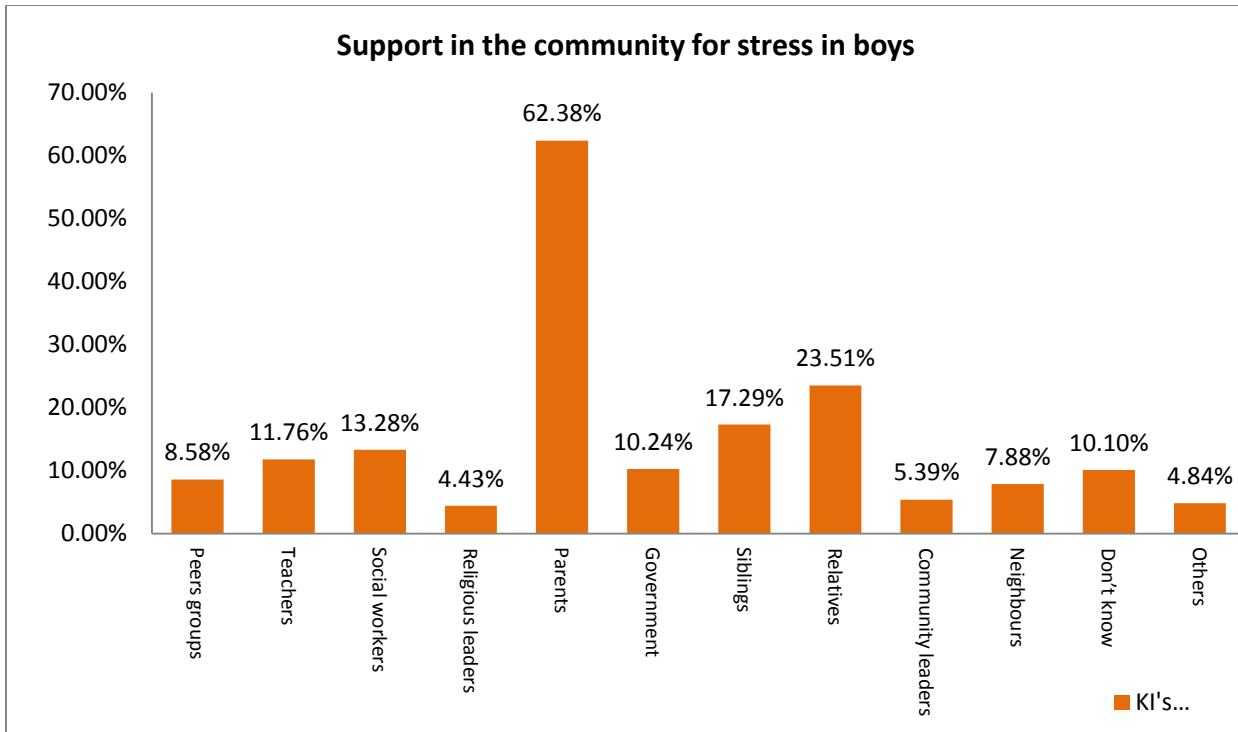


Similarly, for boys, physical violence, a lack of food, being unable to return home, being unable to attend school, a lack of shelter, and being separated from friends were cited most frequently as the key sources of stress.



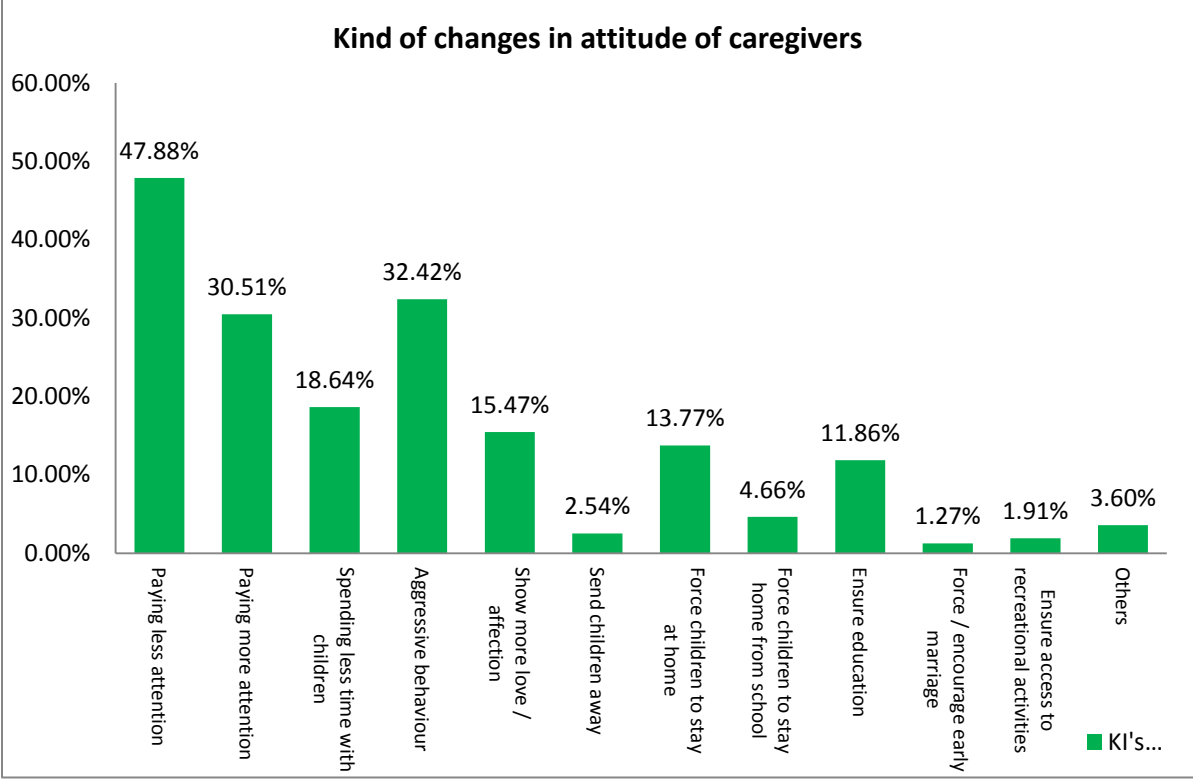
The key source of support for both boys and girls in the community is their caregivers, followed by relatives. Other sources of support included Social Workers, neighbors, siblings, peer groups, teachers and the government. Where key informants gave the response 'others', the response most given was 'there is nothing to support' (six key informants).



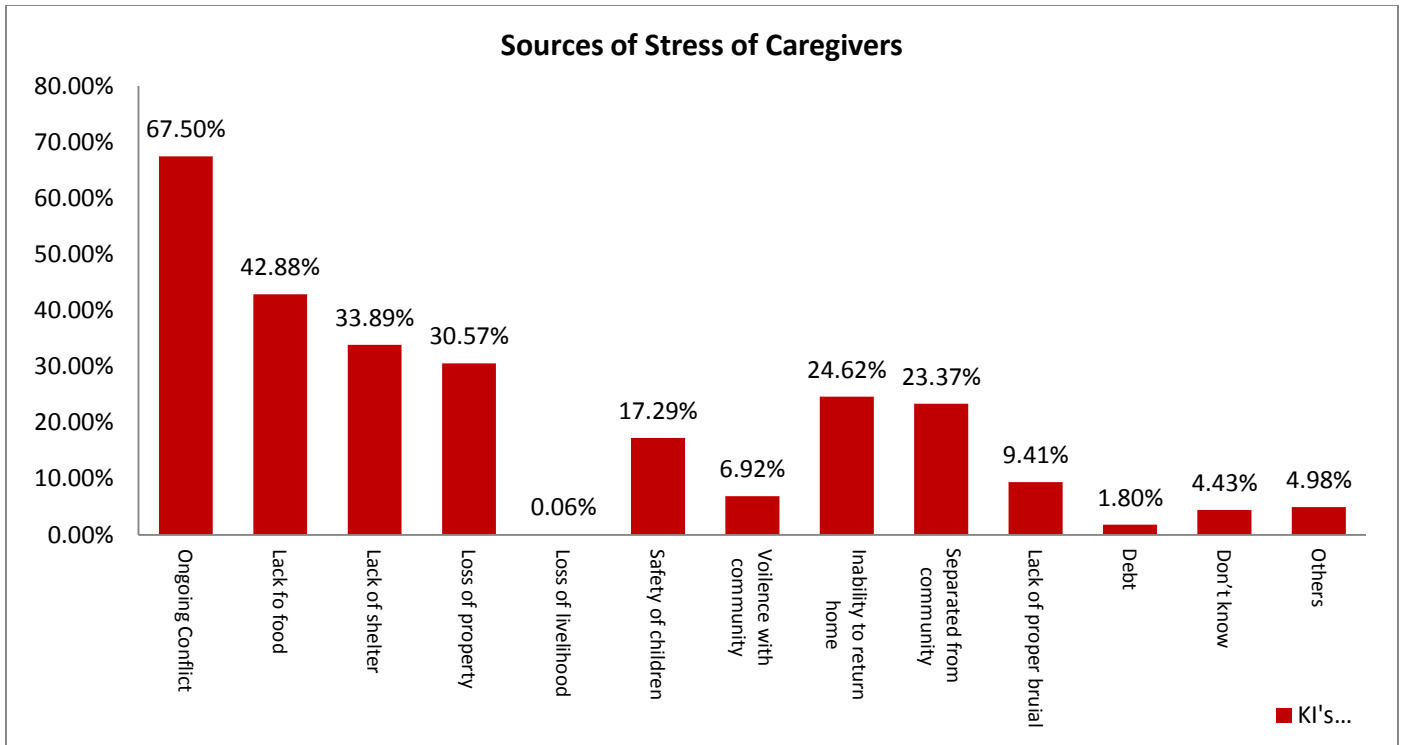


While parents were cited as key sources of support for children, a change in attitude of caregivers towards paying less attention to their children’s needs was identified by 48% of key informants; 32% of Key informants indicated an increase in aggressive behavior. However, this finding was contradicted by other Key Informants: 31% of KIs indicated a trend of caregivers paying *more* attention to their children’s needs (31%). Other changes in

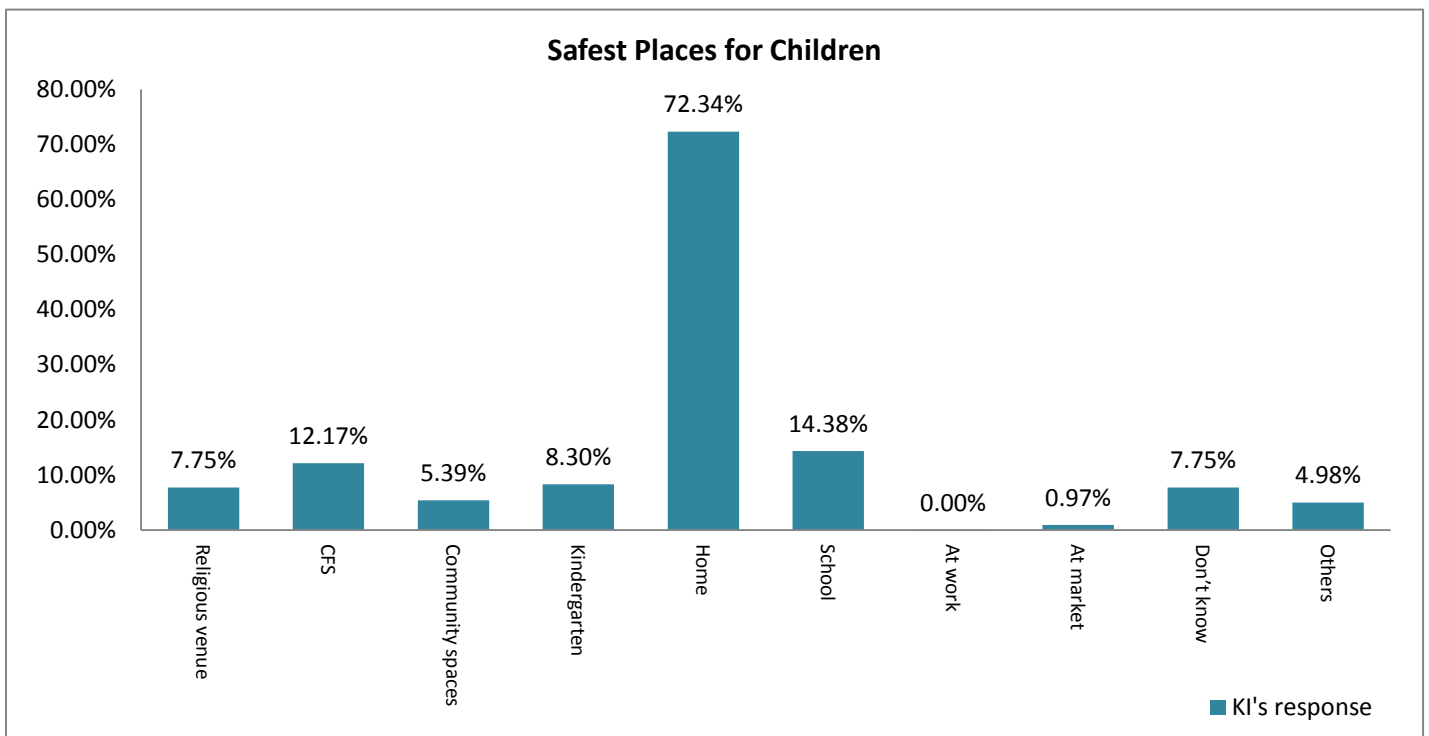
attitude identified for caregivers included forcing children to stay at home, and providing more love and affection as well as ensuring children’s education despite difficulties.



Sources of stress for caregivers were said to include ongoing conflict, lack of food, lack of shelter, loss of property, being unable to return home, separation from their communities and safety of children.



Next, key informants were asked which places in the community are safest for children. The home was the most common response<sup>12</sup>, cited by 72% of key informants. This was followed by child friendly spaces (12%), school (14%) and kindergarten (8%). When asked if there were safe spaces, recreation, and play opportunities for boys

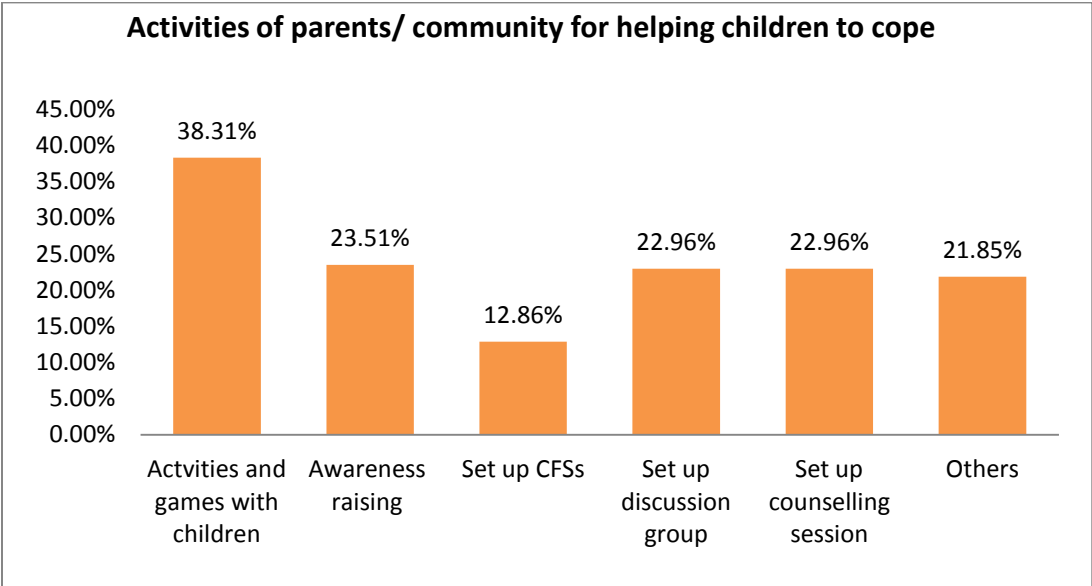


<sup>12</sup> All questions referred to the current situation in which IDPs are living and so 'home' indicates their home in the current location

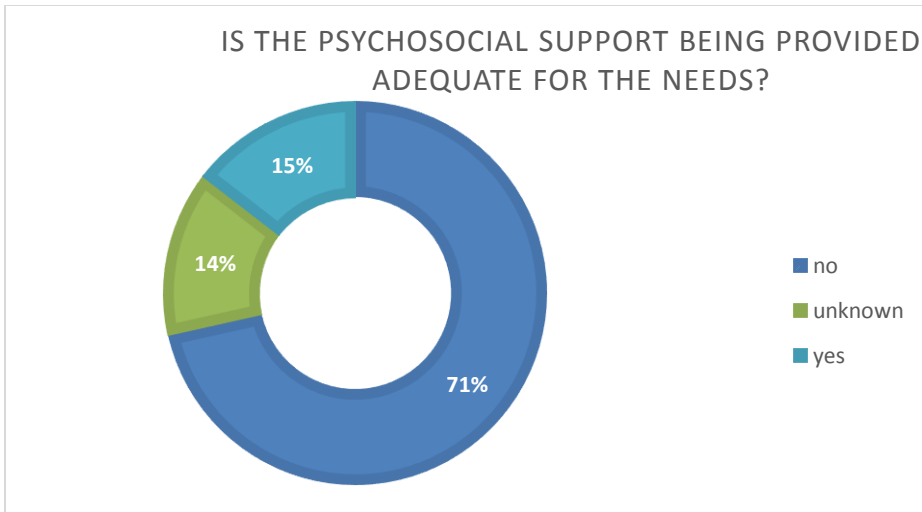
and girls of all ages, in Sulaymaniyah 63% said that there were none, in Erbil 61% reported that there were none and in Duhok 73% reported that there were none available for children.

Provider of safe spaces	Duhok	Erbil	Sulaymaniyah
NGOs	72%	6%	22%
Host Community	10%	51%	57%
Religious group	2%	0%	0%
Education facilities	11%	6%	9%
Others	10%	43%	17%

When asked how parents and the community are helping children to cope, activities and games were cited as the primary method, as well as awareness raising, setting up discussion groups, setting up counseling sessions and setting up child friendly spaces.



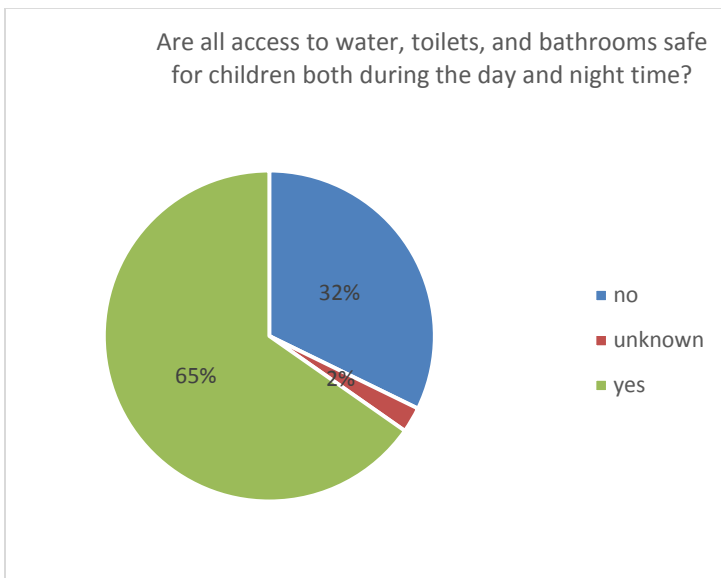
When asked if the psychosocial support was adequate for the needs, 15% of respondents said yes and 71% of respondents replied no.



### Access to Services and Excluded Children

Findings related to access to services and excluded children across governorates were similar. Overall, when asked if children had access to food, 25% of key informants reported that they did not. 21% of key informants reported no access to water, 22% of respondents reported a lack of shelter, 28% reported no access to healthcare, 33% reported no access to NFIs, 21% reported no access to legal assistance and 57% reported no access to education.

Those most excluded from services were poor children, followed by new arrivals, and then children with disabilities and the elderly. Thirty six per cent of key informants reported that girls were more excluded than boys. Thirty two per cent of key informants reported that access to water, toilets, and bathrooms was not safe for children both during the day and night time.



Reasons cited included lack of safety at night, unsanitary conditions, unfinished facilities, lack of electricity, and fear.

## Sexual and Gender Based Violence

Seventy four per cent of key informants reported that there were no cases of rape and sexual assault, while 20% of KI forms were left unfilled. The only governorate in which rape and sexual assault was reported to occur was in Duhok where 6% of key informants reported that there were some cases, and 4% of key informants reported that there were many.

During key informant interviews, respondents were asked about the types of gender-based violence prevalent in their current locations. In the majority of cases, the form was left blank, meaning that the question was not asked or answered. However, those cited as most prevalent were domestic violence and early marriage.

### In your opinion, what is the most prevalent type of SGBV?

Prevalent type of SGBV	KI's response
Domestic Violence	28.97%
Emotional Abuse	4.75%
Harassment	5.40%
Female genital mutilation	1.15%
Rape	2.95%
Early Marriage	24.06%
No SGBV cases	29.95%
Other	2.78%

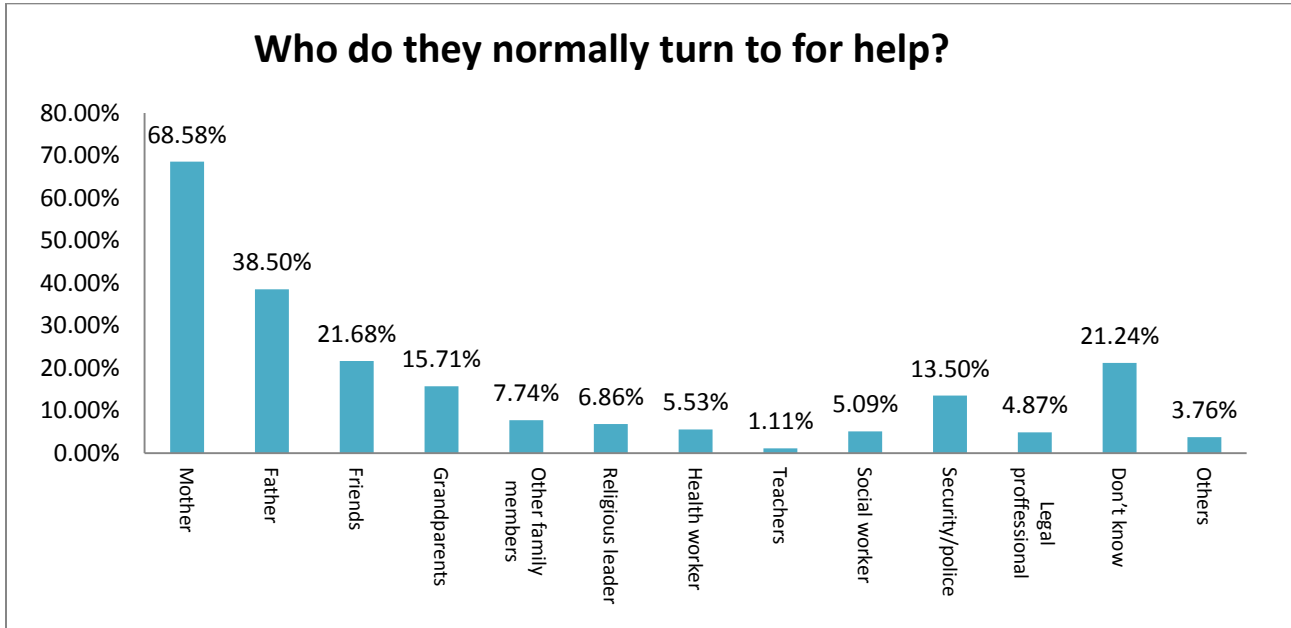
### If you come across an SGBV incident, what would you do?

Location	KI's response
Sexual violence never happens here	43.61%
Take the survivor to their parents	33.44%
Take the survivor to other family members	9.02%
Take the survivor to a religious leader	6.23%
Take the survivor to a health center	10.98%
Take the survivor to a traditional midwife	3.93%
Take the survivor to a community social worker	5.41%
Take the survivor to a teacher	1.80%
Take the survivor to the community leader/mukhtar	4.92%
Report the incident to the police/security forces	24.26%
Confront the perpetrator	12.46%
Take the survivor to a women's association	4.75%
Do nothing	0.01%
Don't know	14.92%

Other

11.15%

When asked who children would turn to for help, the majority indicated friends or family members.

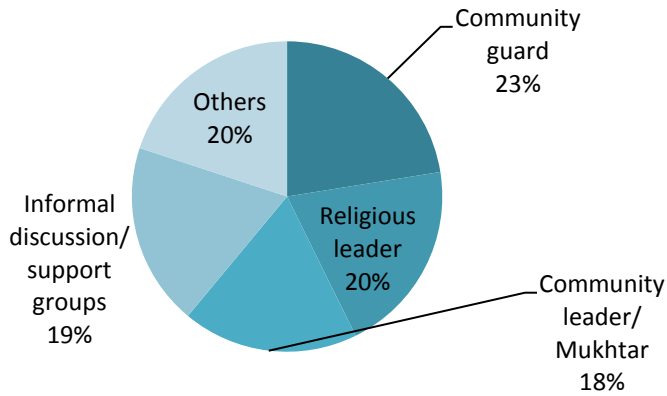


Key informants were consequently asked what action they would take if they came across cases of SGBV. In response, 44% of key informants said that SGBV did not happen in their communities. 33% of respondents said that they would bring the child to the parents, and 24% said that they would report the incident to police/security forces.

When asked if they knew of a place where people in this community can get support if they suffered from SGBV, only 3.6% of respondents said yes. 40% of key informants reported no and 37% left this section of the questionnaire blank. The others all reported that they did not know.

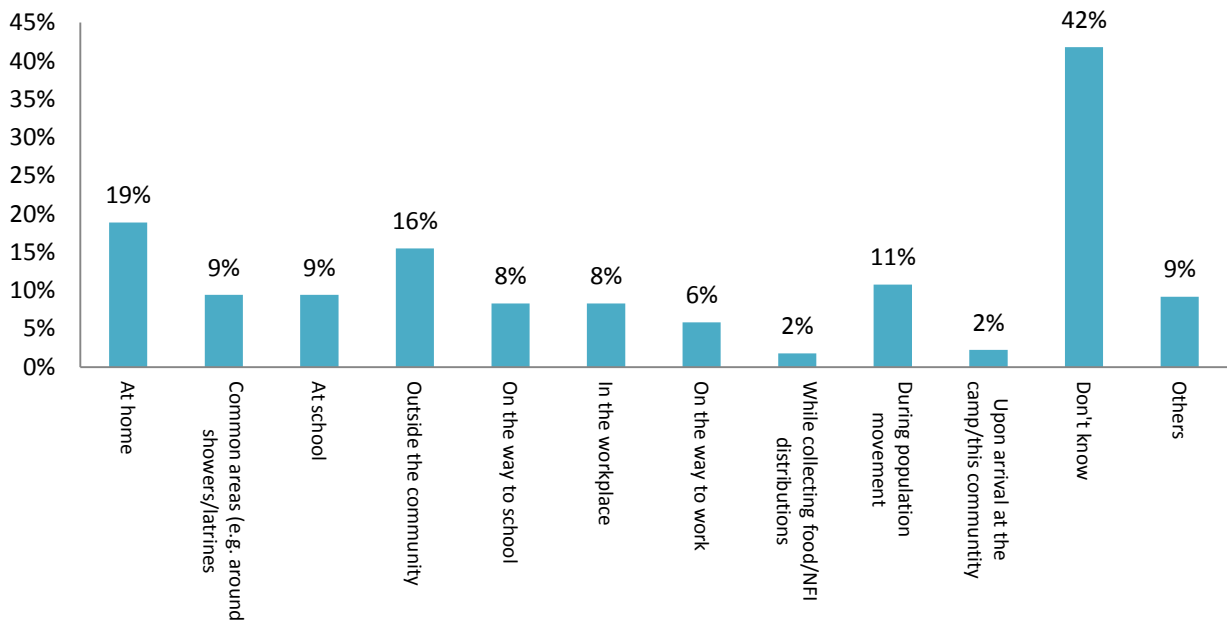
Following any incidents of SGBV, the key sources of support in the community were cited as the community guard, religious leader, informal discussion/support groups and the community leader/Mukhtar and others. Others included the government, parents, relatives and human rights organizations. Some key informants reported that there simply was no support available.

**When formal services are not available, who is able to provide SGBV survivors with support?**



The situation in which SGBV was most commonly reported to occur was within the home (19% respondents), outside the community (16%), common areas (9%) and in school (9%).

**In which situations does SGBV occur more often?**

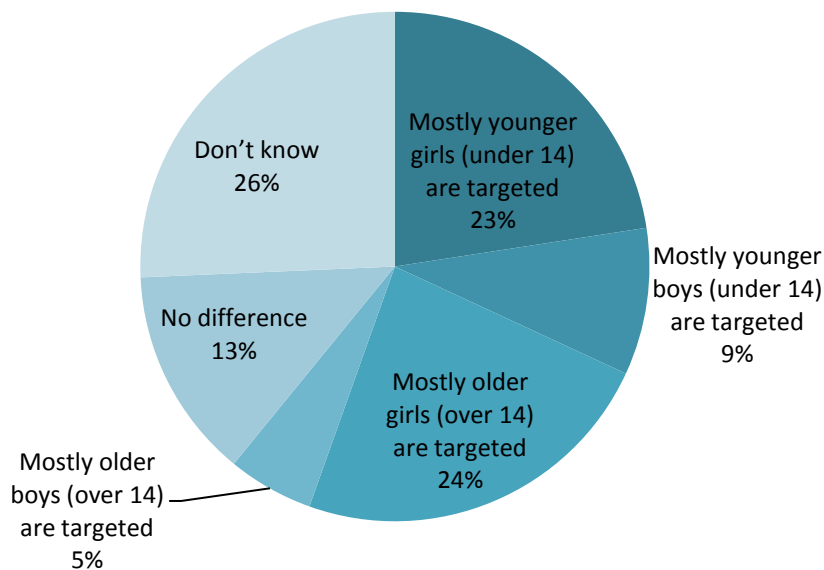


There were mixed responses regarding which groups of children were most affected by sexual violence. Overall girls over 14 were indicated to be most targeting, however, a fairly large proportion of boys were also said to be affected (14%). Similarly, 26% of key informants said that they did not know which group was most targeted.

In Erbil, 20% of key informants indicated that boys were most targeted (13% boys under 14, 7% boys over 14).



### Who is most affected by sexual violence?



## Recommendations

### Access to Services and Inclusion

- Information sharing about the services available and how to access services. Development of child friendly version of information and messages for displaced populations. Sharing information and messages specifically focusing on children in schools, playgrounds, CFS/YFS etc using child friendly methodologies.
- Protective approaches enhanced within sectors such as camp management, distribution and WASH to ensure safe, child-friendly and inclusive facilities.
- The provision of specialised support to children with disabilities and the mainstreaming of disability across the child protection response. This would include: capacity building for child protection staff working directly with children; increased outreach to children with disabilities; physical rehabilitation of spaces; and enhanced referral pathways for specialised support.
- Actively involve children in the development of services and programmes.

### Increased provision of psychosocial and psychological support

- Ensure children have access to psychosocial support through child friendly spaces and child-focused activities.
- Develop the capacity of those working with children towards recognizing when they are in need of mental health and psychosocial support and need to be referred to appropriate services.
- Capacity building for service providers on IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, psychological first aid, positive discipline and communicating with children.
- Advice to parents/caregivers on providing psychosocial support to children (positive parenting skills).
- Provide activities specifically targeted for older children/ youth.

#### Family-centred and community-based approaches to child protection

- Ongoing support to children and their caregivers through family-based interventions such as parents meetings and mother and child sessions.
- Promote parent/caregiver support groups in communities, children's groups for peer support.
- Capacity building for caregivers on psychosocial distress, positive discipline and how to support their children's development.
- Raising awareness around the risks associated with early marriage.
- Capacity building for parents/ caregivers, as people that children turn to for help, on counselling and appropriate interventions for child survivors of sexual violence.

#### Support to unaccompanied and separated children

- Support children to find, and assess, alternative care options, and ensure safety and appropriateness of care.
- Provide support to families caring for additional children, targeting the needs of the whole family.
- Undertake family tracing and reunification to support children to find their families. Promote family contacts with children who cannot reunite with their primary caregivers/parents.
- Strengthen the referrals between agencies providing case management support for unaccompanied and separated children and ensure follow-up of cases.

#### Support to survivors of sexual and gender based violence

- Enhanced information sharing about the services available for survivors of sexual violence.
- Increased provision of specialised, age and sex appropriate, services in the locations where IDPs are living.
- Capacity building support.
- Training for teachers, government workers, police and key community members who work with children on supporting child survivors and responding to cases of sexual violence.
- Increase sensitization on SGBV related issues among children and their families (effects and prevention mechanisms).
- Ensure that services do not put survivors at further risk/ cause stigmatisation within communities.

#### Child labour

- Raise awareness on dangers of WFCL
- Livelihood strengthening for vulnerable children/families