



**Kirkuk Center**  
for Torture Victims



# Annual Report 2009-2010

تَبَارَكَ الَّذِي مَدَّنَا  
لِذَلِكَ الْبَيْتِ  
وَمَنْ يَشَاءُ اللَّهُ  
يُفْسِدْ بِهِ  
مَنْ يَشَاءُ مِنْ  
عِبَادِهِ إِنَّ  
اللَّهَ لَظَالِمٌ  
لِلْعَالَمِينَ



## Welcome

The tree at the top of this page is a calligraphic artwork spelling out the name of our organization in Arabic and Kurdish. It was designed by Mr Abbas, a torture survivor from Iraq who spent nine years of his life in the infamous Abu Ghraib prison.

Mr Abbas was arrested and tortured because he was suspected of opposing the Saddam regime. In spite of the fact that his life was almost shattered by the ordeal he endured, he designed our logo to express a positive thought – that new life and hope can indeed spring from extreme violence and deep injustice.

For the past five years, a growing team of dedicated men and women has been working hard to turn this thought into reality. Their latest efforts and accomplishments are described in this report.

## Obstacles and Achievements

Our staff in Kirkuk continues to work in a challenging environment characterized by endless bureaucratic obstacles, a dismal infrastructure and the permanent threat of terrorist attacks.

Against all odds, with creativity and perseverance, our colleagues in Iraq have managed to reach out to more than 4000 survivors of human rights violations during the past two years alone.

In the cities of Kirkuk, Sulaymaniyah and Erbil they have created safe spaces where victims of human rights abuses receive medical and psychosocial rehabilitation services: directly, swiftly and free of charge (see p. 4-6).

They have launched new programs tailored to the needs of traumatized women, youths and children affected by organized or domestic violence (p. 8-12). Victims living in remote areas or detention facilities have received help through mobile outreach teams (p. 13) while survivors of chemical attacks have benefited from a newly established rehabilitation center in Halabja (p. 7).

## Global Funding and Local Engagement

In their daily work, our staff must strike a balance between thinking globally and acting locally, translating universal human rights into tangible help on the ground.

On the global level, our organization enjoys a strategic partnership with the Berlin Center for Torture Victims that has resulted in numerous joint ventures and

a series of training programs steadily improving the quality of our work (p. 14). Our activities are almost entirely funded by the European Union, the United Nations and several foreign ministries (p. 19). On a local level, our efforts are supported by victims' associations, town councils, women's rights activists and democratically elected decision-makers. Dozens of regional media reports, including live interviews as well as question-and-answer sessions on TV, attest to the high level of public interest in our work (p. 15).

## Challenges

Concurrently, our non-governmental organization does not receive any funding from the national authorities of Iraq.

Indeed, the government of Iraq continues to disregard the basic rights of its most vulnerable citizens, including those laid down in the UN Convention on the Rights of the Child. Along with countries such as North Korea, Iran and Zimbabwe, Iraq remains one of the few nations on earth that have not signed the UN Convention against Torture.

For the foreseeable future, victims of torture and terror seeking help from our staff will have to rely on international goodwill and private donors. If you are interested in learning more about ways to get involved in this endeavor, we invite you to visit our website [www.kirkuk-center.org](http://www.kirkuk-center.org).



Salah Ahmad  
Director • Executive Board



Michael Lehmann  
Vice Chairman • Executive Board



### Our Mission

The Kirkuk Center for Torture Victims is a non-profit organization working in the field of human rights and trauma therapy. We heal and rehabilitate victims of human rights violations in Iraq.

### Our Values

The core values guiding our work are expressed in the Universal Declaration of Human Rights. We help victims of human rights abuses regardless of their age, gender, ethnicity or spiritual beliefs.

#### Universal Declaration of Human Rights

»All human beings are born free and equal in dignity and rights.« – *Article 1*

»Everyone has the right to life, liberty and security of person.« – *Article 3*

»No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.« – *Article 5*

### Our Task

During the past 40 years, generations of children and youths living in Iraq were not born free – they were born into a world of totalitarianism, trauma and terror. Many of their mothers and fathers have not enjoyed the right to life, liberty or security: numerous men and women were subjected to torture and inhuman treatment. It is our responsibility to stand by the victims of these atrocities, to restore their dignity and to help survivors play an active role in the democratic society of Iraq.

### Our History

The Kirkuk Center for Torture Victims was established in 2005. At the time, it was the first rehabilitation center for survivors of torture in Iraq. Since then, our team of health professionals and human rights advocates has been able to assist thousands of traumatized men, women and children.

### Our Work

During the past five years, we have focussed on establishing professional services for victims of torture, genocide and terrorism in Kurdistan-Iraq. The Kirkuk Center

- provides free medical, psychological and social assistance to victims and their family members
- promotes the physical rehabilitation, mental well-being and social reintegration of victims
- educates the public in Iraq about victims' needs and their right to obtain rehabilitation
- seeks to foster a climate of tolerance and respect for human rights in Iraq.

Our work adheres to quality standards established by international associations and is supervised by independent evaluators.

### Our Beneficiaries

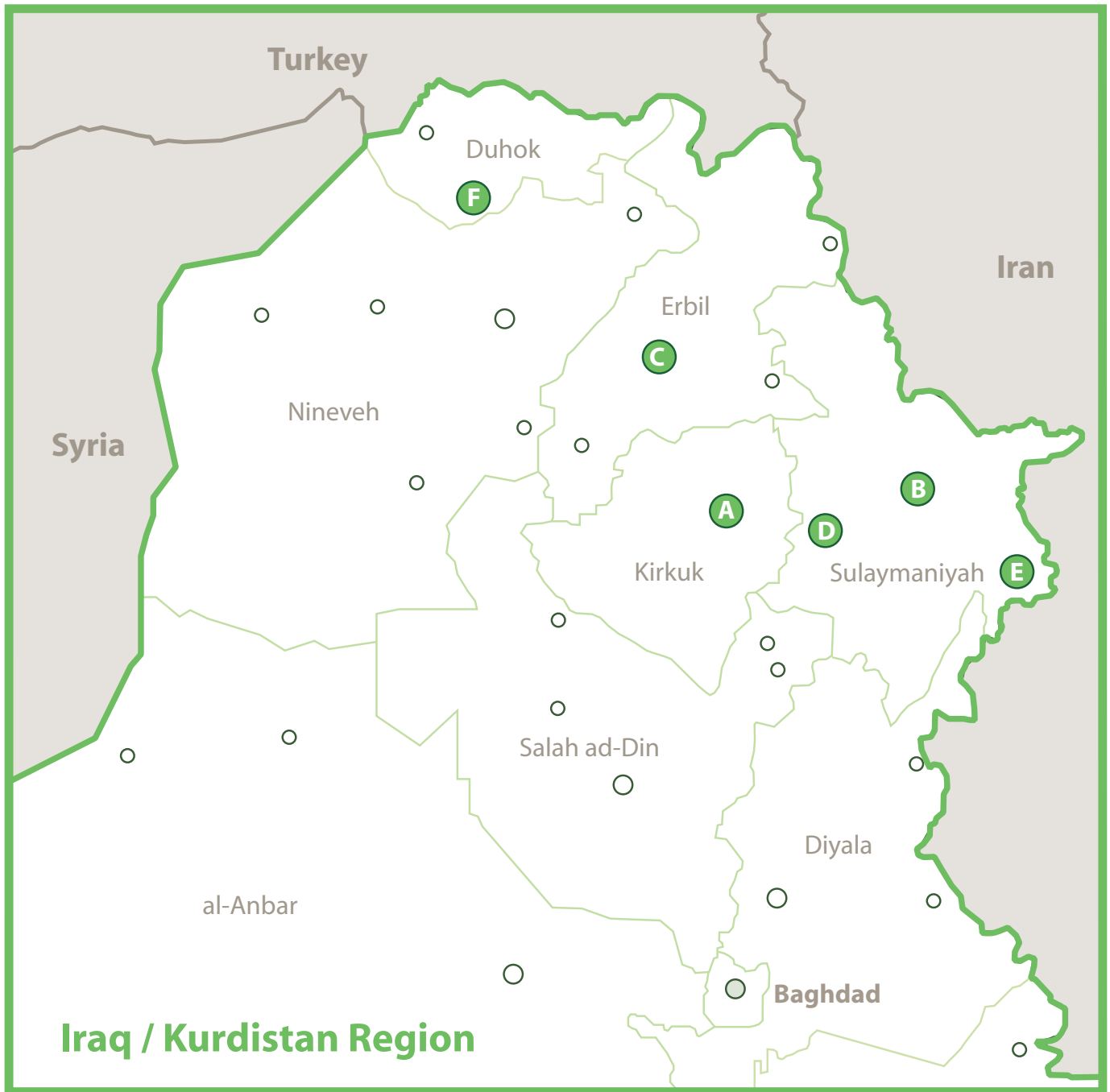
At present, the Kirkuk Center offers rehabilitation services to more than 2000 torture survivors per year (see p. 18). Approximately one third of those who seek help are female adults while more than 25% are children and adolescents. Most of our clients are Kurds, followed by Turkmens, Assyrians and Arabs.

### Our Team

The mission of the Kirkuk Center is carried out by a young team of multilingual professionals with the average age of 30 years. Our staff in Iraq include medical doctors, psychotherapists and social workers as well as pedagogues, lawyers, researchers and project managers (see p. 16).

### Our Partners

Since its inception, the Kirkuk Center has cooperated very closely with the Berlin Center for Torture Victims in Germany. In Iraq, our team cooperates with a wide range of non-governmental organizations as well as health institutions and governmental agencies.



## Iraq / Kurdistan Region

**A** Kirkuk Center in Kirkuk

**B** Kirkuk Center in Sulaymaniyah

**C** Kirkuk Center in Erbil / Hewlêr

**D** Kirkuk Center in Chamchamal

**E** Kirkuk Center in Halabja

**F** Kirkuk Center in Duhok



## Kirkuk

The ancient city of Kirkuk is located 250 km north of Baghdad, between the Tigris River and the Zagros Mountains. Kirkuk is a cultural melting pot where people of Kurdish, Arab, Turkmen and Assyrian origin have lived together for centuries. While the majority of its one million inhabitants are Muslims, the city is also home to Yazidis and Christians. Due to its unique multiethnic history, Kirkuk enjoys a special political status enshrined in the Iraqi Constitution and is widely regarded as a test case for peaceful coexistence in Iraq.

## Atrocities

Until 2003, Kirkuk was ruled by the Baath regime of Saddam Hussein – a regime that subjected its citizens to “systematic, widespread, and extremely grave violations of human rights” resulting in “all-pervasive repression and oppression sustained by broad-based discrimination and widespread terror” (UN Commission on Human Rights).

More than 100,000 Kurdish people in northern Iraq were murdered during the course of the genocidal Anfal campaign. Almost two million people, including 175,000

citizens of Kirkuk, lost their homes as a result of ethnic cleansing.

In 2005, after one year of careful preparation, the Kirkuk Center for Torture Victims opened its doors to survivors of torture and genocide. Since then, the center has received a steady stream of traumatized victims seeking help: including residents of Kirkuk, internally

displaced persons and families fleeing from ongoing violence in other parts of Iraq.

The most frequent atrocities experienced by our clients include severe physical torture, prolonged psychological torture, detention under extremely degrading conditions, as well as rape and other forms of sexual abuse. In addition, we treat victims of terrorist attacks.

### Consequences of Torture

scars • pain • infections • impairments • paralyzes • panic attacks • fear • flashbacks • feelings of shame and guilt • despair • nightmares • depression • suicidal thoughts • helplessness • alienation • social isolation • loneliness • loss of meaning in life

## Scars of Violence

The survivors who seek help in our center suffer from complex disorders that affect them on a physical, psychological and social level. The long-term consequences of extreme violence committed by human hand are not limited to individuals – they destroy entire families and encroach upon the following generations.



To address the needs of our clients, we offer a multidisciplinary spectrum of services. Our team provides free medical, psychosomatic and pediatric treatment as well as physiotherapy and surgical intervention. To assist torture survivors in overcoming their trauma, counsellors and psychiatrists offer culturally sensitive, age-appropriate and gender-specific psychotherapy. Social and legal advice regarding redress, welfare and educational opportunities enable victims and family members to reintegrate into society.

## New Developments

In 2009-2010, the generous support of the European Commission, the UN Office for Project Services and the Berlin Center for Torture Victims allowed us to significantly expand our services in Kirkuk and beyond.

We doubled the size of our professional team, built up a small library and purchased urgently needed therapeutic equipment. In addition, we established new departments caring for female victims and traumatized children (p. 8-11) and launched outreach services for particularly vulnerable clients (p. 13).

Inside the city, the Kirkuk Center extended its help to a growing number of internally displaced victims living in abject poverty and started a home-based rehabilitation program for severely injured victims of terrorist attacks.



Outside Kirkuk, our staff played a crucial role in establishing several rehabilitation centers for traumatized victims (p. 6-7). They conducted field studies, provided management support and shared therapeutic knowledge with their new colleagues. As a result, our services are now available in areas covering one fifth of the Iraqi population.



### Ramazan, 65 years old, from Kirkuk

Ramazan has been visiting the Kirkuk Center since 2008. He was born in a suburb of Kirkuk, is married, and has four children. In 1959, he was imprisoned for the first time on grounds of being a member of the outlawed Kurdish Democratic Party (KDP). He was sentenced to four years in prison. The imprisonment and torture notwithstanding, he remained politically active, resulting in seven further imprisonments of varying lengths between 1964 and 2002. In total, the patient spent eight years and four months in detention. Each time he was severely beaten, tortured with electrical shocks, hanged by his hands, raped with objects and forced to witness the torture and fake executions of others.

To this day, the patient suffers from these experiences. He has chronic pain for which he needs strong painkillers. He suffers from trauma as a consequence of his experiences, causing him recurring nightmares and extremely low levels of energy.

The therapy provided by our therapists has helped him process his experiences. He now suffers less from nightmares, sleeps better and as a result feels more positive about himself. After a good night's sleep, he says, he feels healthier and enjoys a happier start to the day.

### Family of seven, from Kirkuk

A family of seven including husband, wife and five children contacted the Kirkuk Center seeking help for their 8-year-old daughter. One year before, the child had been kidnapped and held for ransom for 21 days by a group of criminals. As the father was suspected of working for the US forces, the kidnapers tried to force the parents into paying US\$ 50,000. During this ordeal, the parents had to witness over the phone how their daughter's hands were burned several times. When the kidnapers came to understand that the family was poor and could not afford the ransom, they finally released the child.

As the mother had to care for a new-born baby and two smaller children and the father was struggling to feed his family, there was no one to care for the troubled child. Her fears and nightmares were just another burden for her parents.

During individual therapy sessions with the child, as well as with the parents, our therapists discovered that multiple difficulties led to tensions and violence within the family. Fifteen years ago, the father had been randomly arrested by security forces of the regime and kept in prison for three months. He had been severely beaten and still presently suffers from back pain. During individual counseling, he reported that he had been forced to witness the sexual torture of younger detainees, an experience that haunts him until today. Furthermore, he had been sexually abused by a neighbor during his childhood. The kidnapping of his daughter, in addition to his psychological situation and the family's poverty, overwhelmed him so, that he started to beat his wife and forbade his family to leave the house. The chance to talk about his experiences visibly alleviated the patient's condition and helped him deal with his family in a more relaxed manner.

During game and sandplay therapy sessions, the daughter was able to talk about her experiences and to reduce her fear and her nightmares. Later, her brothers and sisters were included into the sessions in order to bring the whole family closer together.

Individual therapy with the mother and several marriage and couple counseling sessions have helped the parents improve their understanding for each other. Since then, no violence has occurred within the family. Due to intensive individual counseling and the use of a range of therapies, the family is much more stable and healthy today.



## Expanding our Work

With the support of the German Foreign Office, the Kirkuk Center and the Berlin Center for Torture Victims jointly established two additional rehabilitation centers in Kurdistan Iraq. The Sulaymaniyah Center for Torture Victims has accepted patients since March of 2009, while the Erbil Center for Torture Victims opened in December 2009.

Following the example of the Kirkuk Center, the two institutions offer medical and psychosocial rehabilitation services to individuals and families suffering from trauma as a consequence of torture, persecution or domestic violence. Both centers have special departments for women and children.

The core team of the centers consists of 33 staff, including medical doctors, psychiatrists, physiotherapists, psychotherapists and social workers as well as pedagogues, administrative staff and researchers. The team cooperates with public hospitals and a network of external medical specialists providing gynecological, pediatric and orthopedic services.



*Opening ceremony of the Erbil Center with Dr. Oliver Schnakenberg, German Consul General, Mrs. Asos Najib Abdullah, Minister of Labor and Social Affairs, and Nihad Latif Qoje, Mayor of Erbil*

## Sulaymaniyah and Erbil

Although the cities of Sulaymaniyah and Erbil are part of the Iraqi Kurdistan Region, which was protected by a no-fly zone after the first Gulf War, they have only enjoyed full-scale freedom and peace since 2003. The combined population of Sulaymaniyah and Erbil is estimated at 2.5 million.

Sulaymaniyah is widely considered to be the most modern metropolis in the whole of Iraq as far as individual freedom is concerned. Nonetheless, the situation of women affected by domestic violence remains an important subject of concern.

Erbil has become a fast growing city as a result of important international investments, but is comparatively more traditional and conservative than Sulaymaniyah.

Due to the relative security offered by these cities, during the past few years they have taken in thousands of internal refugees fleeing from ongoing human rights violations, terrorism and religious persecution in other parts of Iraq.

## Latest Developments

Since their inception, the centers in Erbil and Sulaymaniyah have been able to help more than 900 traumatized victims. At the same time, they serve as important hubs that enable us to expand our services while increasing the coherence of our activities in Kurdistan Iraq.

The safe environment and good infrastructure in the city of Sulaymaniyah have allowed us to offer a series of training seminars, carried out by international experts, that have benefited more than 60 staff working in other branches of our organization. Furthermore, our colleagues in Sulaymaniyah were instrumental in creating and managing a new program for survivors of genocide in Halabja (see opposite page).

In Erbil, preparations are underway to establish outreach services for victims living in rural areas. With the support of the German foundation Wings of Hope, our team in Erbil will also create a new center for victims of violence in the neighboring province of Dohuk and a mobile team for internally displaced persons affected by religious persecution in the Nineveh Plains, to be launched in June 2011.







## Caring for Victims of Chemical Attacks

In the course of the so-called Anfal operations, the Iraqi Army destroyed about 5,000 villages by means of chemical attacks and systematic destruction campaigns. Halabja, a city near the Iranian border, became tragically known for the poison gas attacks on the 16th and 17th of March, in 1988. During these two days, at least 5,000 people died as a result of exposure to lethal mustard gas and various neurotoxins. It is estimated that up to 10,000 people were severely injured, some of whom died during their attempts to leave the country.



Up until the present time, victims suffer from a variety of physical and psychological impairments. These include serious illnesses such as lung damage, blindness or skin disorders that require constant and very expensive treatment.

Besides, survivors are affected by posttraumatic stress disorder, depression and feelings of guilt, aggression, and alienation. As a result, many victims are unable to work and in addition, face enormous financial problems if they have no relatives supporting them.

## The Halabja Center

In June 2010, with support from the German Foreign Office, we were able to establish the Halabja Center for Victims of Chemical Attacks, offering medical and psychosocial care for survivors and their families. Due to frequent occurrence of extreme physical ailments among the clientele, this project puts emphasis on specialized medical treatment. As the chemical attacks also affected the rural areas surrounding Halabja, a mobile team rotates between the towns of Khurmal, Sirwan, Tewele and Biyare. Since the beginning, the project staff was awarded enormous approval for our services and had to deal with

a total number of patients that far exceeded capacities. Between August and December 2010, the team was able to help 437 patients, of which approximately 70% were women. The center and its mobile team currently employ seven part-time medical doctors and specialists, six psychotherapists and social counselors, one physiotherapist, and administrative staff.

The project benefits from extensive backup by local and regional authorities and has received substantial positive feedback from the survivors.



### Shirin, 59 years old, from Halabja

When Shirin came to the Halabja Center, she suffered from inexplicable attacks of losing consciousness. The attacks occur whenever she gets emotionally involved and become more frequent every March.

Shirin and five of her nine children were injured in the chemical attacks and stayed in an underground shelter for 40 days. After three months, she was reunited with her husband and the remaining children, but the family was immediately imprisoned, enduring torture, humiliation, hunger and disease. Upon their release, they were forcibly relocated to a camp set up by the regime to keep the survivors under control. They stayed there until the Kurdish revolution in 1991. Shirin describes these years as the worst of her life.

Until the present day, Shirin cannot bear hearing or seeing any scenes from the time of the attacks. She suffers from nervousness, feelings of hopelessness, flashbacks and attacks of sadness. She wishes to totally forget about it but cannot help herself do this. During psychotherapy sessions, we focussed on her negative thoughts and the relationship with her children. Shirin hopes to one day become a normal person in a normal family.



## Program for Women

During the past 30 years, many women in northern Iraq have become victims of gender-specific human rights abuses – especially when they were themselves politically active, or in their capacity as wives, mothers or sisters of dissidents. Sexual violence against women was a multi-layered method of warfare specifically designed to destroy family structures, to humiliate enemies of the Baath regime, and to disrupt the cultural cohesion of ethnic groups.

In the course of the Anfal campaign, thousands of women lost their relatives due to executions and “disappearance”. As a consequence of the death of their male relatives, women were driven into isolation and loneliness; at the same time, they had to endure enormous economic hardships while struggling to feed the remaining family members. Furthermore, women in Iraq continue to face numerous forms of public and domestic oppression, such as: forced marriage, domestic violence and abuse, stigmatization in cases of sexual abuse, threat of honor crimes, female genital mutilation, and limited access to education and social participation.

## Our Services

In order to address the severe and long-lasting consequences of gender-specific violence, the Kirkuk Center has established three departments for women in the cities of Kirkuk, Sulaymaniyah and Erbil.



The departments offer medical care, psychotherapeutic treatment, socio-legal counseling and family therapy to women and their relatives. Psychoeducation helps women understand their situation while family and group therapy aims at prevention of further aggression within families.

“Therapy with victims of domestic violence often comes to an end when the husband or father forbids the client to visit our center”, says Dr. Noora, therapist from Kirkuk. “Besides, the concept of family therapy is widely unknown in Iraq. This is why we always try to

establish a trustful relationship with all family members.” The program for women is currently staffed by four female medical doctors, seven psychotherapists and social counselors, and two physiotherapists. Between 2009 and 2010, the departments for women were able to help 1,272 females, most of whom were victims of gender-specific violence.

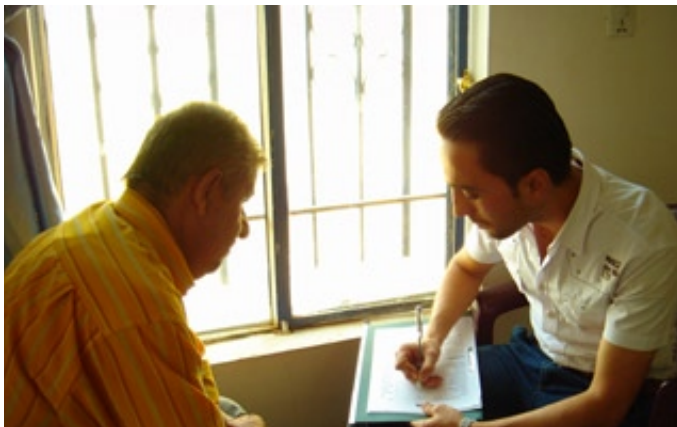
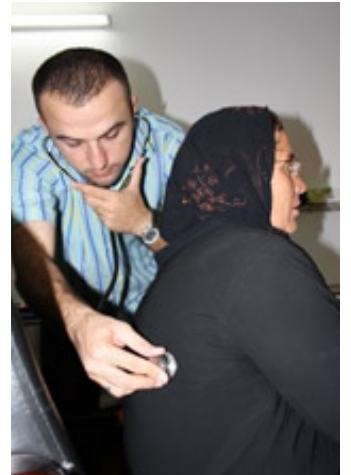
In order to educate the public about women’s rights and needs, the Kirkuk Center started a series of seminars and lectures in schools and prisons and for other members of the health and social systems.

### Dinya, 16 years old, from Erbil

At the age of 14, Dinya was married without her consent to a man seven years older than her. Being a heavy alcohol abuser, her husband showed aggressive behavior toward his wife and his environment. During her marriage, Dinya experienced physical and verbal violence and was raped repeatedly. Her husband would regularly lock her in and prevent her from seeing her family. More than once, he threatened to kill her.

When one day she stayed at her sister’s home without his permission, he broke into the house and shot 12 bullets at Dinya. She was brought to the hospital and was able to survive the attack by pure chance. She had lost three fingers and had several operations for her legs. Today, Dinya makes use of a wheelchair. Since the incident, she suffers from a severely depressed mood, sleeping disturbances; re-experiences the traumatic events and has pessimistic thoughts about herself and her future. She has lost her appetite and has expressed a death wish, showing all symptoms of posttraumatic stress disorder.

Our social worker started with supportive therapy and further inquiry about the social environment of Dinya. After psychoeducation sessions, the father accepted his responsibility and promised to care about his daughter. Our psychiatrists refrained from prescribing medication and instead, conducted a brief supportive psychotherapy to inquire about suicidal tendencies. After several sessions of physiotherapy, Dinya started to walk with the aid of crutches. With on-going multi-method intervention we are observing gradual improvements in her mood, cognition, behavior and self-care.





## Program for Children and Youths

Children and youths living in northern Iraq still suffer from the consequences of collective oppression and genocidal activities directed against the civilian population. While some of these young victims continue to be subjected to atrocities such as terrorism or kidnapping, others are affected by the intergenerational transmission of trauma experienced by their parents.

In March 2009, we opened the first department for traumatized children in Kirkuk. Two additional departments for children were established in Sulaymaniyah and Erbil, and in May 2010 we created a new rehabilitation center for young victims in the much-neglected city of Chamchamal (see opposite page).



## Children's Rights and Needs

In Iraq, children's rights and the impact of violence on the well-being of children are issues that have been ignored not only within families, but also on a social and political level.

As a result of long-term persecution and life-threatening living conditions, many adults today lack the ability to adequately meet children's needs. Feelings of helplessness are being rebuffed, and from an early age, children are forced to behave like adults or subordinate their feelings and needs to those of their traumatized parents.

The young clients we see in our children's departments tend to have very complex traumatic histories, frequently involving domestic violence, neglect and abuse, forced marriage or intergenerational conflict.

They suffer from a wide range of behavioral disturbances and trauma-related stress reactions such as sleep disorders, agitated and hyperactive behavior, social withdrawal, depression, anxieties, as well as developmental and eating disorders.

## Therapeutic Approaches

In line with the UN Convention on the Rights of the Child, our program for children and youths is designed to promote the physical and psychological recovery of traumatized children in a protective and supportive environment.

Our staff offers medical and pediatric treatment and a range of age-specific psychotherapeutic interventions. These include long- and short-term psychotherapy for young individuals and groups, as well as family counseling and crisis intervention protecting children and youths from domestic violence.

Verbal and non-verbal approaches such as play, sandplay, art, occupational and music therapy help children express their feelings in words and action.



## Achievements and Outreach

Since 2009, almost 900 traumatized children and youths have benefited from the services offered by our team of

The **UN Convention on the Rights of the Child** obliges governments to protect children from "all forms of physical or mental violence" (*Art. 19*), to ensure that no child shall be "subjected to torture" (*Art. 37*), and to promote the "physical and psychological recovery" and social reintegration of child victims in an environment fostering the "health, self-respect and dignity of the child" (*Art. 39*).

therapists, medical doctors and social workers. In addition, mobile teams reaching out to rural areas and juvenile prisons served another 800 young clients (see p. 13).

All children's departments run a human rights education program for local schools and students. At the same time, they offer seminars for teachers and public health officials to inform them about children's rights and vulnerabilities.



### Chamchamal: Caring for Young Victims of Violence

Located between the cities of Kirkuk and Sulaymaniyah, Chamchamal used to be a small town with a population of less than 20,000. Since the Anfal operations (1986-1989), which started in the Chamchamal region, the town population has grown to over a hundred thousand citizens. Due to the destruction of all surrounding villages, families were forced to flee to Chamchamal or were deported to a concentration camp in Tekye (located about 10 km from Chamchamal).

Until today, the region suffers from a high unemployment rate and an enormous number of homicides. Chamchamal remains one of the poorest and most war-stricken areas of Kurdistan Iraq, with many unemployed farmers neither being able to integrate, nor having the means to rebuild their homes in their old villages. Tekye today, resembles Palestinian refugee camps, serving 30,000 people as a home – with no perspective.



### Goals and Perspectives

In May 2010, we established a rehabilitation center for young victims of violence in the city of Chamchamal. By halting the disregard of children in this area, we hope to prevent future generations from entering spirals of poverty and violence due to collective trauma. Families are being served at the center in order to solve conflicts and reconcile family members.

Among the obstacles we have to face are the lack of cooperation, willingness and ability of parents to support their child in psychotherapy. This might also be associated with fear of stigmatization as psychological problems remain a family problem and are therefore widely tabooed.

Future projects involve a therapeutic garden and recreational space where children and their parents can enjoy relaxation from everyday hardships.



### Suma, 6 years old

Suma, a girl from Chamchamal, was introduced to the center by her mother, who was preoccupied with Suma's extreme shyness and fears. Her family (including herself and 11 siblings) had faced numerous problems due to political persecution. They had been forced to move several times, experiencing and witnessing different forms of violence. Suma was diagnosed with developmental delays, including mild intellectual impairment. She mostly suffers from social withdrawal and unspecific fears. She is unable to concentrate and relies very much upon her mother for everyday necessities. It became clear that her development had not been promoted appropriately. Play therapy, music therapy and group therapy with other children improved her development, especially her speech and social behavior, and served to reduce her shyness.



## “Children’s needs and rights are being neglected on many levels”

Interview with Salah Ahmad, Director of the Kirkuk Center

**Mr. Ahmad, what kind of problems do you observe among the children and adolescents who visit your centers?**

In order to understand the problems of children in Iraq Kurdistan, we have to take into account the security situations particular to this area. While the provinces of Sulaymaniyah and Erbil can be described as stable, the region of Kirkuk suffered from severe instability, until about the end of 2008. It is only since 2009, that the numbers of bombings, suicide attacks and criminal activities, such as kidnappings and systematic murders, have decreased.

Something we observe in Kirkuk and what seems paradoxical at first sight, is that with the security situation becoming more relaxed, many children develop severe psychological

**Salah Ahmad** is the general director of the Kirkuk Center for Torture Victims. He is a Child and Youth Psychotherapist and Family Therapist, trained in Berlin, Germany. For almost 20 years he has worked at the Berlin Center for Torture Victims, treating adult and child victims of human rights violations from all around the world.

and developmental disturbances. After having had to stay in their usually small and crowded apartments due to the poor security situation, families now have to readjust their structures and roles in relation to the new situation. This leads to severe family conflicts and children develop

various anxieties, sleeping disorders, social withdrawal, bed-wetting and so on. Many of these symptoms are related to the cessation of the acute stress situation and to domestic violence, which is currently on the rise.

**Could you describe such a case, please?**

There was the case of an 11-year-old boy who witnessed a murder in the street, when he was nine years old. Two years later, he developed severe sleeping problems and demonstrated aggressive behavior towards his peers and family members as well. When I met his father, he was close to having a nervous breakdown, telling me how crazy his son was, and that he didn’t know how to handle him. During the therapeutic process, it became obvious that the boy had also become a victim of repetitive beatings

and abuse by his brother. The boy’s trust in others was severely disturbed and it took many individual and family therapeutic sessions to help him regain self-confidence, reestablish trusting relationships and reconcile with the other family members.

**How is this case typical of your work?**

First of all, this example shows how severe stress can affect the entire family system and destroy family bonds. Parents are not able to adequately address their children’s needs and suffering. But children’s needs and rights are also being neglected on many levels, not only within the family. This is one of the long-term effects of violence during the Baath regime. As the regime created an atmosphere of mistrust and lack of respect for human beings, everyone consequently suffered from deprivation of affection and empathy. Today, many adults – parents, teachers or others – are neither able to show affection for each other nor protect the children from aggression. Taking these interrelationships into account, therapeutic interventions have to focus on disentangling family conflicts in order to rehabilitate the consequences of past collective psychological distress.

**And how do you address these problems in your centers?**

On the one hand, we offer individual and family interventions. We focus on reconciliation between family members and the reestablishment of mutual respect. This includes creative and age-adapted therapy methods such as play or sandplay therapy. On the other hand, we try to sensitize teachers to children’s problems. We hold seminars in schools, raising awareness for the needs of children. We also encourage politicians to establish child-appropriate environments e.g. in schools. Many classrooms still look like military camps. We have a great need for playgrounds and open public spaces, as well as for structured recreation and leisure time offerings, where children can experience their childhood as a time of enjoyment, instead of one of deprivation.

Our main concern is to curb the continuous neglect of children’s basic needs and to foster supportive and stable family structures, which allow children to become strong and autonomous members of the society.



## Outreach Services

### Mobile Teams for Rural Areas

With the support of the European Commission and the UN Office for Project Services, the Kirkuk Center launched a mobile team for particularly disadvantaged survivors of torture and genocide living in rural areas of northern Iraq. Almost all of these clients live in poverty and have had no access to any rehabilitation services during the past 30 years. Since mid-2009, a team of eight medical doctors and psychotherapists has been rotating through rural areas in five provinces, offering on-the-spot medical treatment and psychotherapeutic services to 1200 severely traumatized victims. More than 25% of those who requested and received treatment were women (frequently widows and single household leaders) while 40% were children and youths.



### Juvenile Prisoners

Since July 2009, several teams composed of medical doctors, social workers, psychotherapists and lawyers have been visiting detention facilities for juvenile delinquents and female offenders in Kirkuk, Sulaymaniyah and Erbil. Although these efforts are primarily designed to prevent maltreatment of prisoners and to identify potential victims of torture, they also serve the larger purpose of combating extremist and violent ideologies among young prisoners. Since its inception, the program has reached out to more than 300 young detainees, most of whom have experienced neglect, violence and abuse in their childhood. Our team offered individual counseling, group therapy and educational programs to juvenile prisoners, as well as follow-up advising upon release from prison.

### Ako, 11 years old

During one of our visits to the Kirkuk Juvenile Prison we found Ako, an 11-year old boy who had been arrested for homelessness. Initially, the boy told us that he was simply unable to find his home after returning from playing with his friends. It took several weeks until he told us the truth.

Due to an ongoing conflict with her violent husband, his mother had committed suicide by burning herself with kerosene. Shortly after, his father married a new wife and continued to beat and abuse the child. When Ako's father threw him out of the house ordering him to bring money, he did not dare to return home empty-handed and began to live on the street.

Together with the prison director, we contacted the father and explained to him his legal obligation to take care of his son. Moral and religious arguments helped us to appeal to his sense of duty, to not use violence against his children. Today, Ako is again living with his father and regularly visits our therapists who monitor his development.

### Online Therapy

While we offer face-to-face therapy in several cities, the majority of traumatized victims from Iraq are unable to reach us in person.

The Kirkuk Center therefore participated in a pilot project, developed by the research department of the Berlin Center for Torture Victims and funded by Misereor, offering free internet-based writing therapy for adults from Iraq and the wider Middle East who suffer from post-traumatic stress.

In 2009-2010, more than 80 individuals from Iraq, Egypt, Syria, Saudi Arabia and other countries received help through this therapeutic program.





## Bridging the Knowledge Gap

Since the beginning of our work in Iraq, we have faced a shortage of adequately trained staff, due to a number of factors.

Until 2003, the educational system of the Baathist regime systematically discriminated against large parts of society, such as Kurdish citizens. Due to very difficult living conditions, many health professionals from northern Iraq sought new opportunities abroad.

After 2003, intellectuals in southern and central Iraq were systematically persecuted by extremists, and thousands fled the country to save their lives.

Additionally, the concept of psychotherapy is widely unknown in Iraq and there are hardly any psychotherapists in the entire country. Although some universities have now started to offer studies in psychology and social work, young graduates lack expertise and experience in the treatment of traumatized adults and children.

In order to fill this gap, we seek to provide our staff with high-quality training courses and opportunities for professional exchange both inside and outside Iraq. During the past two years, our employees have benefited from several training programs supported by international grant-givers.



### Training Therapists

Since 2009, more than 60 therapists have participated in a series of five training seminars funded by the European Union and the German Heinrich Böll Foundation. Trauma experts from Europe trained our staff in clinical diagnostics, the basics of anamnesis, interviewing, psychotherapy and counseling, with a particular emphasis on the age- and gender-specific treatment of traumatized children and women.

In 2010, experts of the Berlin Center for Torture Victims held a one-week training course and professional exchange meeting in Berlin, for a group of thirteen therapists from the Kirkuk Center. This training focused on international standards of documentation and diagnostics. At the same time, psychologists of the Berlin Center spent several weeks in Iraq, offering flexible training sessions for our colleagues in five different locations.

In addition, our staff attended numerous seminars, conferences and professional exchange meetings on post-traumatic stress disorder, trauma therapy, general mental health issues and women's rights organized by local and international NGOs in Iraq.



### Managing Know-How

In 2009-2010, several management staff participated in a two-stage training course in Berlin that focused on essential skills in project management, financial accounting, documentation, and public relations. In Kirkuk, Erbil and Sulaymaniyah, we built up small libraries enabling our therapeutic team to consult the latest relevant literature, manuals and best practice guidelines for the rehabilitation of severely traumatized victims. In 2010, we developed an advanced database allowing us to document the human rights violations experienced by our clients, to analyze their needs, to monitor the impact of our rehabilitation services, and to share data with international partners.





## Public Relations

Independent local media are important partners in our efforts to inform the public in Iraq about the suffering of torture victims and their right to obtain rehabilitation. In 2009-2010, our public relations activities included open information events for journalists, statements and interviews for local radio stations and newspapers, as well as special reports broadcast by satellite channels and phone-in programs allowing citizens to air their comments and questions live on TV.



*Press conference: Opening of the Halabja Center*

More than 40 interviews and reports about our activities were published by local media outlets, frequently touching on cross-cutting issues such as public attitudes towards violence, the impact of torture and trauma on society, women's and children's rights, and the prevention of domestic violence. In addition, several TV channels in Kirkuk City aired promotional videos describing the services of our organization, free of charge.

### Media Partners

Al-Awfuq Newspaper • Al-Naba TV • Aso Journal • Awêne Weekly Magazine • Chak Radio • Channel 4 (UK) • Dengîi Nwê Radio • Gelî Kurdistan • Hewlêr Daily Newspaper • Kanal 4 • Kirkuk TV • Kurdish Globe • Kurdistanî Nwê Journal • KurdSat • Payam Satellite Channel • PUK Satellite Channel • Qala TV • Rudaw Newspaper • Sewa Radio • Xabat Daily Newspaper • Zagros TV • and others

## Networking

To strengthen our services for torture survivors, our organization cooperates with a wide network of local, regional and national partners. The Kirkuk Center is accredited by several key ministries (including the national and regional ministries for health, human rights, social affairs, education and Anfal affairs). Our project staff regularly consult with these agencies to inform them about our activities, promote the rights of our clients, and push for legislative change. Additionally, our staff met with governmental units to monitor violence against women, with governors, mayors and councils, with prison directors, members of the Regional Parliament, and directors of public hospitals and universities.

Furthermore, the Kirkuk Center joined forces with non-governmental organizations in order to identify traumatized victims of violence and improve their access to professional services. Key partners included regional human rights associations, women's shelters and counseling services, as well as self-help groups founded by former political prisoners and survivors of genocide. Representatives of the UN Secretary-General, the UN Office for Project Services, the EU Delegation to Iraq and UNICEF met with local staff to learn more about our strategies. International visitors also included members of German Parliament, delegates of European churches as well as experts of international human rights organizations whom we assisted in their fact-finding missions.



*Dr. Christine McNab, Special Representative for Iraq of the UN General-Secretary, paying a visit to the Kirkuk Center*



## Team as of December 2010

### Kirkuk

A. Samad Medical Doctor	D. Hameed Psychotherapist / Counselor	M. Husein Secretary	S. Amin Medical Doctor
A. Abbas Psychiatrist	D. Yahea IT Officer / Accountant	M. Mohammed Medical Doctor	S. Khursheed Legal Counselor
A. Ismaeel Physiotherapist	F. Abbas Psychotherapist / Counselor	M. Abdulla Guard	S. Al-Jaf Medical Doctor
A. Najmadin Psychotherapist / Counselor	F. Mohammed Psychotherapist / Counselor	M. Hussein Medical Doctor	S. Najmadeen Psychotherapist / Counselor
A. Hasan Medical Doctor	H. Mohammad Psychotherapist / Counselor	N. Hameed Medical Doctor	S. Hussein Cleaning Staff
A. Bahadeen Medical Doctor	H. Ahmed Medical Doctor	O. Abdulkarim Guard	S. Mohammad Secretary
A. Mohammed Medical Doctor	H. Ali Psychotherapist / Counselor	R. Ali Driver	Y. Salih Project Manager
A. Hussein Psychotherapist / Counselor	H. Husein Psychotherapist / Counselor	R. Mohammed Administration	Z. Omer Psychotherapist / Counselor
A. Hameed Psychotherapist / Counselor	J. Shindi Psychiatrist	R. Bahadeen Psychotherapist / Counselor	
B. Ameen Psychotherapist / Counselor	K. Majeed Accountant	S. Mikhaeel Cleaning Staff	
C. Hamad Psychotherapist / Counselor	L. Tawfeeq Psychotherapist / Counselor	S. Shawkat Medical Doctor	



## Sulaymaniyah

Almas Ismaael Salih Secretary	Aras Abdulrahman Ahmad Amin Psychotherapist / Counselor	Aveen Shahab Aziz Psychotherapist / Counselor	Meran Rafiq Abda Driver
Bakhtiar Hadi Hassan Pedagogue	Aveen Sabah Abdulla Psychotherapist / Counselor	Bestoon Raheem Wali Psychotherapist / Counselor	Mohammed Wali Abdulla Psychotherapist / Counselor
Banu Muhammed Hilmi Information Officer	Bashar Ahmed Muhammad Psychotherapist / Counselor	Biryar Jalal Abdulkarim Psychotherapist / Counselor	Sara Akram Muhammed Medical Doctor
Delman Muhammad Karim Accountant / IT Officer	Dilshad Shexan Hussein Psychotherapist / Counselor	Daroon Hasan Mahmood Cleaner	Sarwan Jamal Abdul-Qadir Psychotherapist / Counselor
Goran Mohammed Rasul Psychotherapist / Counselor	Fuad Hamad Amen Ismael Cleaning Staff	Jamal Ma'aruf Shareif Medical Doctor (Pediatician)	Saywan Ghafur Mohammed Psychotherapist / Counselor
Hozan Faraidoon Penjweni Psychotherapist / Counselor	Gaylan Kemal Anwer Project Manager	Majid As'ad Mohammed Psychotherapist / Counselor	Yadgar Natiq Abas Medical Doctor
Jamal Omar Tawfeeq Medical Doctor	Hazhar Akram Mohammed Psychotherapist / Counselor	Paree Noori Ahmed Psychotherapist / Counselor	Zana Muhammed Abas Medical Doctor
Kazem Omer Mohammed Psychotherapist / Counselor	Omed Qader Taha Psychiatrist	Zana Sabah Arif Project Manager	Zhino Suleiman Hama-Amin Psychotherapist / Counselor
Nareman Ebrahim Ramazan Cleaning Staff	Omer Yousif Mahmud Mohammed Physiotherapist		
Nebez Azwar Ahmed Psychotherapist / Counselor	Rahel Ismael Rasul Medical Doctor	Askandar Mahmod Mohammed Medical Doctor	Friederike Regel Project Coordinator
Pishtivan Akbar San Ahmad Researcher / Librarian	Renaz Kakil Ahmad Pedagogue	Azad Mustafa Kadeer Medical Doctor	Korinna Fritzemeyer Project Coordinator
Rebwar Kamal Hama Physiotherapist	Sadiq Zuar Sleman Psychotherapist / Counselor	Berkot Burhan Hussein Secretary	Leif Hinrichsen Project Associate
Shareef Jawdat Ali Project Manager	Shadan A. Muhammed Kadir Physiotherapist	Diler Ahmad Ali Psychotherapist / Counselor	Sabine Schimpf Researcher
Viyar Azad Shauqi Psychotherapist / Counselor	Sofia Akber Ismael Medical Doctor	Dilpak Ham-Rashid Ja'far Psychotherapist / Counselor	Frances Hill Translator
Zozik Jamal Amin Medical Doctor	Suad Hamad Amin Psychotherapist / Counselor	Farhang Muheden Ghafar Medical Doctor	Nadine Essmat Translator

## Erbil

Ako Abdulkarem Abdulwahed  
Psychotherapist / Counselor

Amina Hamad Ali Sadiq  
Secretary

## Chamchamal

Ahmed Ali Ahmed  
Secretary

Ako Faiq Mohammed  
Psychotherapist / Counselor

## Halabja

Askandar Mahmod Mohammed  
Medical Doctor

Azad Mustafa Kadeer  
Medical Doctor

Berkot Burhan Hussein  
Secretary

Diler Ahmad Ali  
Psychotherapist / Counselor

Dilpak Ham-Rashid Ja'far  
Psychotherapist / Counselor

Farhang Muheden Ghafar  
Medical Doctor

Gulala Ali Raza  
Cleaning Staff

## Berlin

Friederike Regel  
Project Coordinator

Korinna Fritzemeyer  
Project Coordinator

Leif Hinrichsen  
Project Associate

Sabine Schimpf  
Researcher

Frances Hill  
Translator

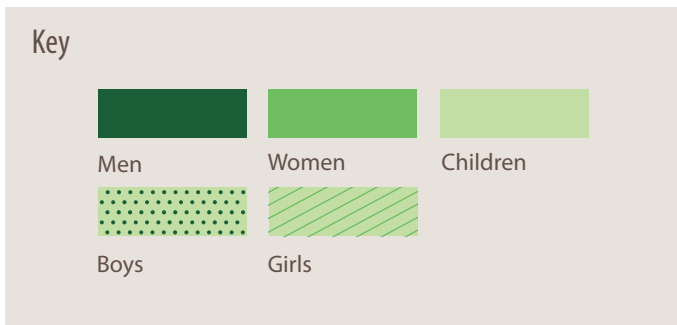
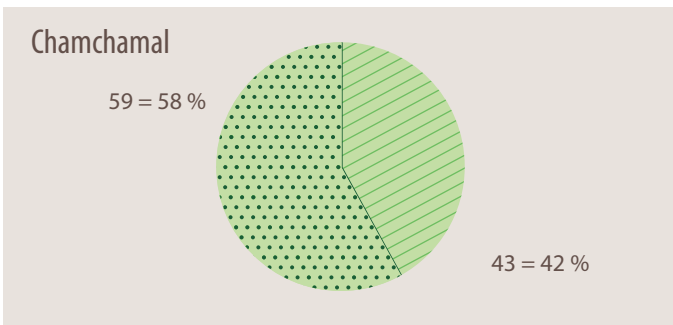
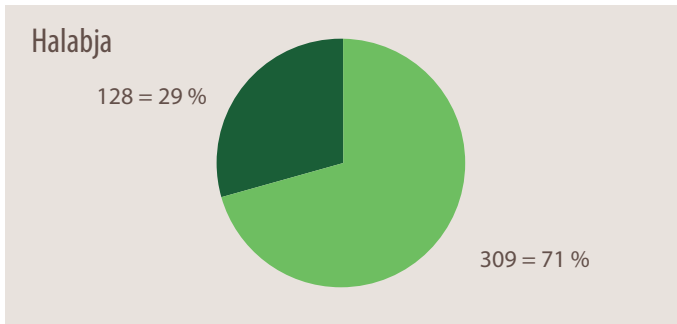
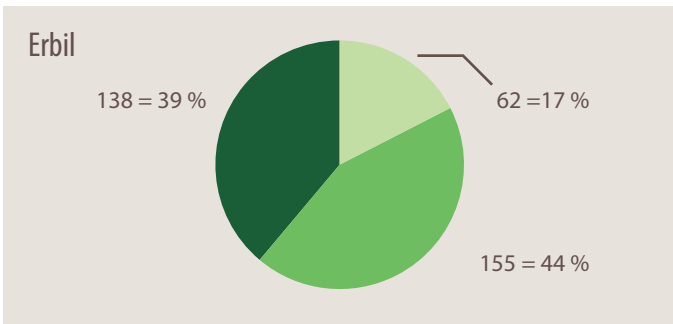
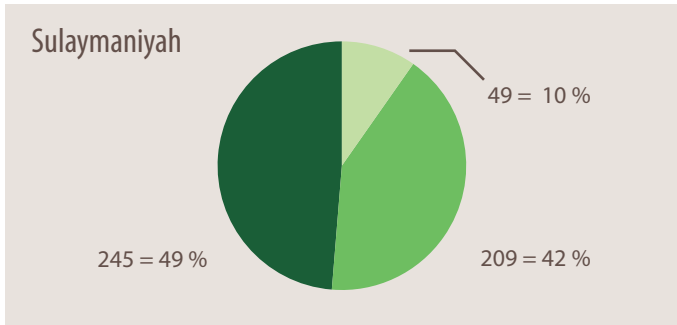
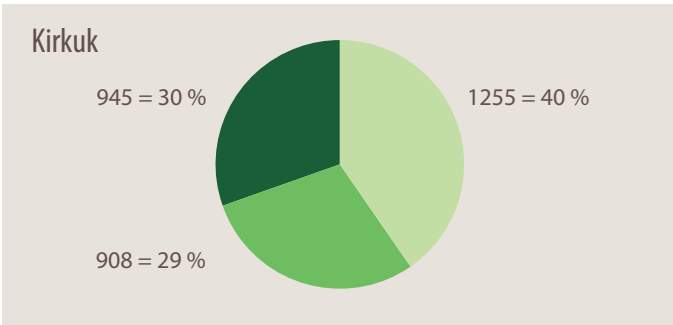
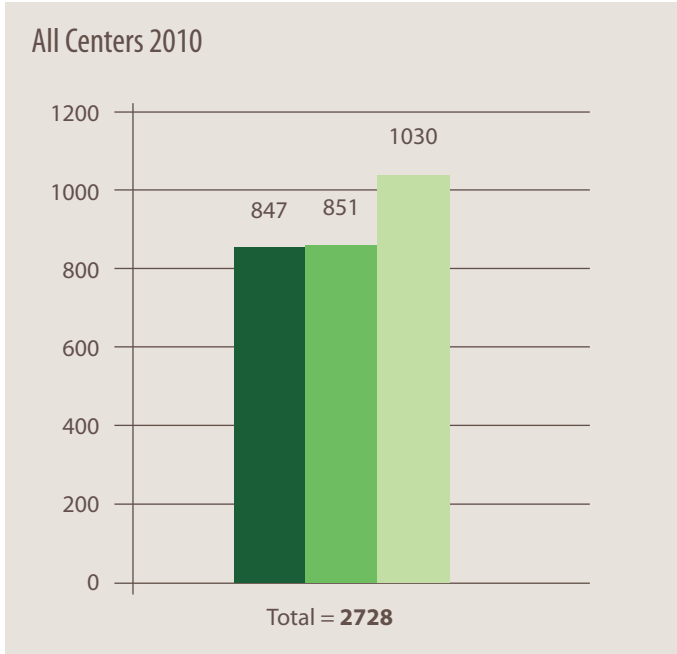
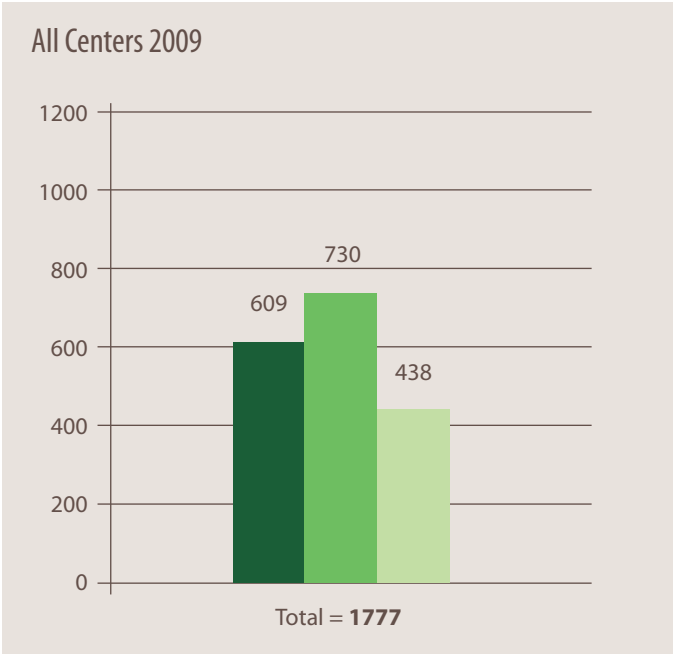
Nadine Essmat  
Translator

Hawkar Walid Qadir  
Driver

Hawzhin Fazil Mahmood  
Medical Doctor



Client Statistics (2009-2010)





## Donors and Supporters

The achievements described in this report were made possible by the generous support of the following donors and supporters.

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Berlin Center for  
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Misereor



Heinrich Böll Foundation



The East Jerusalem YMCA



Amnesty International  
German Section

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Goran Adham Rahim • Mayor of Halabja  
Qaiwan Group Companies

### Advisors

Dr. Sepp Graessner  
Dr. Johan Larsen  
Prof. Dr. Christian Pross

### Trainers

Dr. Fakhri Khalik, Dr. Klaus Kocher, Dr. Jaap Meijer,  
Dr. Marianne Rauwald, Sibylle Rothkegel,  
Gisela Scheef-Meier, Dr. Mechthild Wenk-Ansohn

### Volunteers

Maxi Brandmeier • Psychologist  
Elisabeth Mayer • Psychologist  
Anke Rauch • Psychologist  
Ute Rokyta • Psychologist



## Make a Difference

Your support allows us to restore the dignity of children, women and men whose lives have been shattered by torture. Each contribution, no matter how small, can make a difference in the life of an individual or a family.



## How Your Donation Helps

Your **US\$ 5** will allow a traumatized mother without income to reach us by public transport to receive free-of-charge treatment.

Your **US\$ 25** will equip a young child living in a survivor family with toys and therapeutic material.

Your **US\$ 50** will enable us to provide an elderly torture victim living in poverty with essential medicine, glasses or artificial dentures.

Your **US\$ 100** will allow a father who was tortured in prison to receive physiotherapeutic and orthopedic treatment.

Your **US\$ 250** will give a victim who was disabled by torture a chance to undergo surgery.

Your **US\$ 500** will allow an entire family to receive medical and psychological rehabilitation for twelve months.

## How to Help

We are affiliated with the Bank fuer Sozialwirtschaft, the leading German bank for charitable organizations ([www.sozialbank.de](http://www.sozialbank.de)).

### Our donation account:

Kirkuk Center for Torture Victims  
Bank fuer Sozialwirtschaft Berlin  
BIC/SWIFT: BFSWDE33BER  
IBAN: DE14100205000003139601

## Breaking the Silence

Amir, a 10-year-old boy from Kirkuk, had not spoken ever since he witnessed the killing of his mother by Iraqi security forces. While Amir's father was hiding in the basement, his mother tried to prevent intruders from finding her husband. When they shot his mother, Amir was standing next to her. Later, he watched them taking his father to prison. As his father recalls later, Amir was unable to move and wet his pants.

During the time his father was tortured in prison, Amir stayed with his relatives but would not speak to anybody. Luckily, his teachers accepted his muteness because he studied and passed the tests. After his father's release from prison, Amir had been prescribed different medications, which he later claimed to have despised.

It took more than six months of individual and family therapy at the Kirkuk Center, until Amir started to respond non-verbally. When one day he set up the killing of his mother with the help of toys and a big red piece of paper, he cried for the first time. This was the turning point for Amir and after more than 30 sessions, he uttered, "but I still do speak". When, after the session, Amir told his father that he then wanted to speak, his father responded with tears of joy.

Further sessions helped to work up his traumatic experiences and allowed Amir to become a normal and active child.

## Stay Informed

If you would like to request an information kit or find out more about ways of getting involved, we invite you to consult our website or get in touch with the European branch of the Kirkuk Center:

### Kirkuk Center for Torture Victims

Turmstrasse 21 · 10559 Berlin · Germany  
Phone: +49 (0)30 - 30 39 06 40  
Email: [info@kirkuk-center.org](mailto:info@kirkuk-center.org)  
[www.kirkuk-center.org](http://www.kirkuk-center.org)



## Contact

### Kirkuk Center for Torture Victims

25 Almas (near Iraqi Lawsuit Estate Corps)  
Kirkuk, Iraq  
Phone: +964 (0)770 9361514  
Email: [help@kirkuk-center.org](mailto:help@kirkuk-center.org)  
Open: 09:00 – 16:00 (closed on Fridays)  
Languages: Kurdish, Arabic, Turkmen, English

### Kirkuk Center for Torture Victims Departments for Women and Children

Teyeran Square (near Qorye Police Station)  
Kirkuk, Iraq  
Phone: +964 (0)748 1107144  
Email: [help@kirkuk-center.org](mailto:help@kirkuk-center.org)  
Open: 09:00 – 16:00 (closed on Fridays)  
Languages: Kurdish, Arabic, Turkmen, English

### Rehabilitation Center for Torture Victims Sulaymaniyah

10, Malik Mahmoud Street (near Abu Sana Hotel)  
Sulaymaniyah, Kurdistan Region, Iraq  
Phone: +964 (0)771 0136137  
Email: [help@kirkuk-center.org](mailto:help@kirkuk-center.org)  
Open: 09:00 – 16:00 (closed on Fridays)  
Languages: Kurdish, Arabic, English

### Rehabilitation Center for Torture Victims Erbil

Xaneqa Quarter Street (near Dim Dim Hotel)  
Erbil, Kurdistan Region, Iraq  
Phone: +964 (0)750 7618989  
Email: [help@kirkuk-center.org](mailto:help@kirkuk-center.org)  
Open: 09:00 – 16:00 (closed on Fridays)  
Languages: Kurdish, Arabic, English

### Children Rehabilitation Center for Victims of Violence Chamchamal

Ashti Quarter (near Fire Office)  
Chamchamal, Kurdistan Region, Iraq  
Phone: +964 (0)770 0353322  
Email: [help@kirkuk-center.org](mailto:help@kirkuk-center.org)  
Open: 09:00 – 16:00 (closed on Fridays)  
Languages: Kurdish, Arabic, English

### Rehabilitation Center for Victims of Chemical Attacks Halabja

Farmanbaran Quarter (near PDK Branch 12)  
Halabja, Kurdistan Region, Iraq  
Phone: +964 (0)770 6833041  
Phone: +964 (0)770 0574434 (Mobile Team)  
Email: [help@kirkuk-center.org](mailto:help@kirkuk-center.org)  
Open: 09:00 – 16:00 (closed on Fridays)  
Languages: Kurdish, Arabic, English

### Kirkuk Center in Germany

Turmstrasse 21  
10559 Berlin, Germany  
Phone: +49 (0)30 30390640  
Email: [info@kirkuk-center.org](mailto:info@kirkuk-center.org)  
Languages: English and German  
(Kurdish and Arabic upon request)

### If you require direct medical or psychological help ...

... you can contact our centers by phone, by email or in writing. Our services are free of charge, and you can always request help without prior appointment.

### If you are a journalist ...

... you can contact our office in Berlin to obtain further information and arrange for interviews with our staff.

Email: [press@kirkuk-center.org](mailto:press@kirkuk-center.org)  
Phone: +49 (0)30 30390649  
Languages: English and German  
(Kurdish and Arabic upon request)

