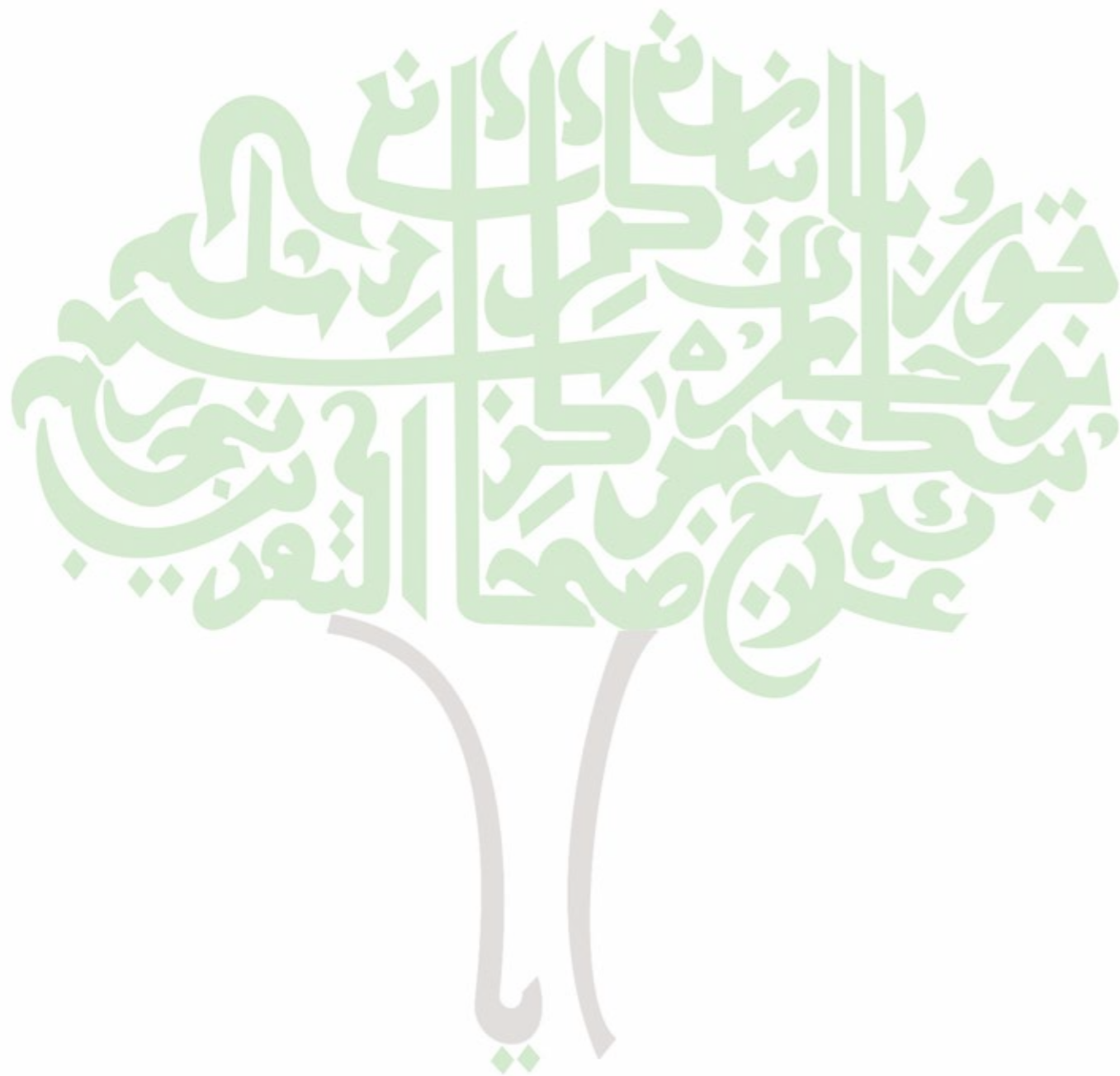




Kirkuk Center
for Torture Victims



Annual Report 2011



Welcome

"In too many countries, people's legitimate demands for freedom and human rights are met with brutal repression. Even when regimes change, torture often persists and a culture of impunity remains."

Ban Ki-moon (2012)

Every year, on the occasion of the International Day in Support of Victims of Torture (26 June), the United Nations Secretary-General urges states and civil society to take action against this inhumane practice and rehabilitate its victims. Although the Republic of Iraq witnessed the fall of the Baath Regime almost a decade ago, victims of violence and torture still lack legal, social, medical and psychological support, while the perpetrators remain unpunished.

In order to provide victims with the necessary assistance and to proceed in documenting old and new cases of torture and other forms of violence, a young team of local professionals in close cooperation with the Berlin Center for Torture Victims has been working in six different cities in the Kurdistan Region. Their most recent achievements as well as the obstacles to their work are presented in the report at hand.

Broadening and Deepening

During the past year, the Kirkuk Center for Torture Victims has been able to extend its scope by adding a center for persecuted minorities, in the northern city of Duhok. Accordingly, the number of our local staff has grown to approximately 120. The support of the German Evangelical Lutheran Church in Bavaria and the Wings of Hope Foundation proved to be indispensable for this extension.

Positive developments in numbers and attitudes are also observable with regard to our female beneficiaries who seem to increasingly trust our work and now constitute 45% of our patients. This might be due to a slight process of change concerning the public perception of women. However, the first empirical study on Female Genital Mutilation (FGM) in the Kirkuk Province by our partner organization WADI has shown that women are still being denied their basic rights. That is why they continue to be one of the most vulnerable groups in Iraq and their protection shall remain one of our main goals.

In order to further enhance both the quality of our record keeping as well as our awareness raising work, a new system of documentation and a new version of our website in Kurdish language have been introduced.

We are especially grateful for the support of the German Ministry of Foreign Affairs and politician Claudia Roth, who engaged in the acquisition of pharmaceutical donations on behalf of the victims of torture and survivors of the chemical attacks on Halabja. In doing so, they

contributed to the availability of a scarce but crucial element of those survivors' medical treatment.

Challenges

Iraq ratified the United Nations Convention Against Torture in 2011. Moreover, Iraqi Kurdistan has enacted an exemplary NGO law and additionally, a relatively incomplete Law Against Domestic Violence. These efforts are *de jure* enormous achievements in the field of human rights, but they *de facto* remain poorly implemented. This is especially alarming with regard to increasing incidents of torture on the part of Iraqi security forces in central and southern parts of the country.

Nonetheless, the spirit of the "Arab Spring" is also felt in the Kurdistan Region. At the same time, international donors have withdrawn from the area so that decreasing financial means render the work of NGOs very difficult. Your generous support will allow us to continue our services for victims of violence in Iraq.



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 seek to 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 did not enjoy 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 a 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 more than 8000 traumatized men, women and children.

Our Work

During the past seven years, we have focused 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

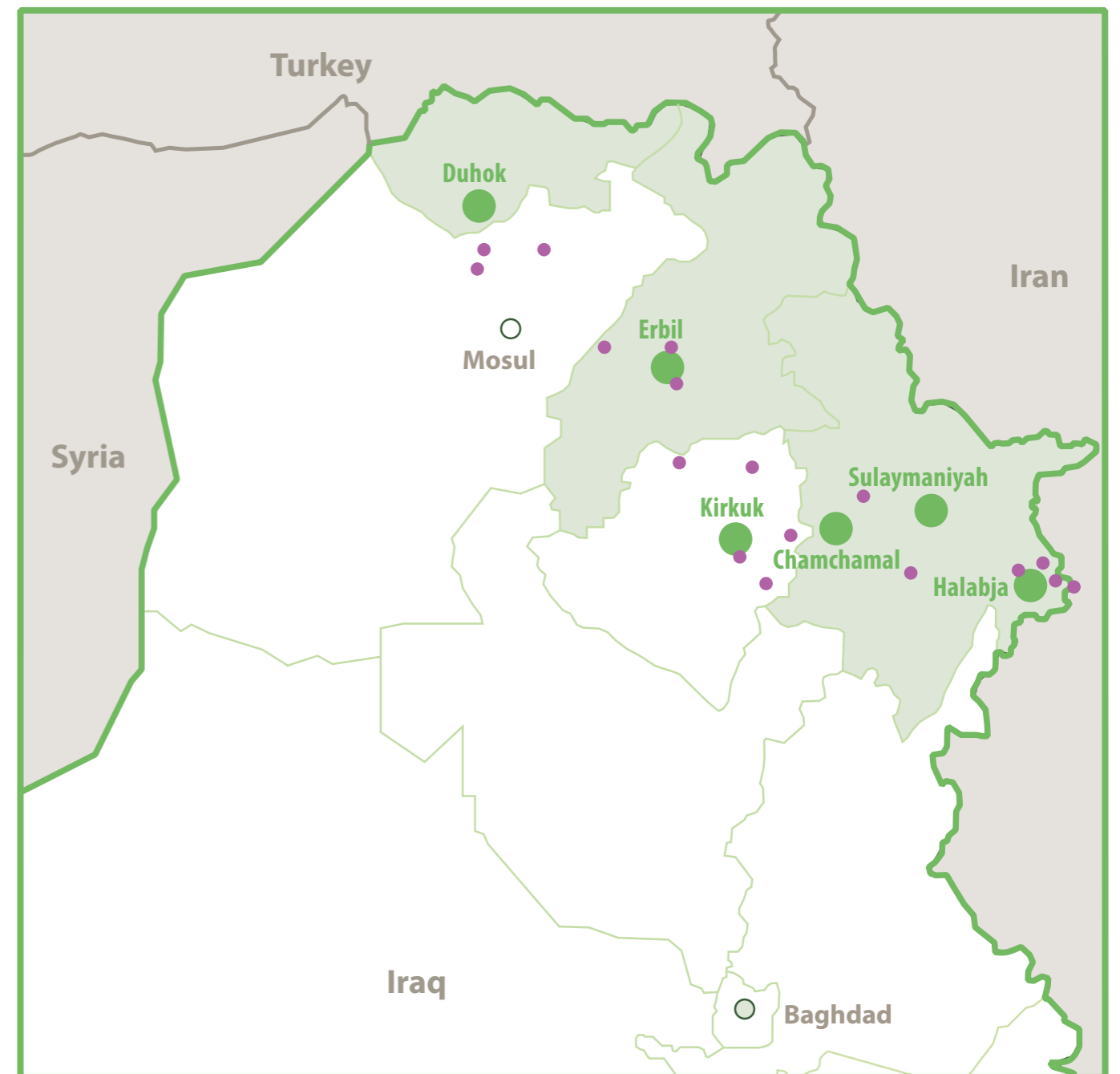
At present, the Kirkuk Center offers rehabilitation services to more than 2000 torture survivors per year (see p.17). About 45% of those who seek help are female adults, while 35% are children and adolescents. The majority of our clients are Kurds, followed by Arabs, Turkmens, and Assyrians.

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 includes medical doctors, psychotherapists and community health workers as well as pedagogues, lawyers, researchers and project managers (see p. 18-19).

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.



-  Kurdistan Region
-  Rehabilitation Centers
-  Mobile Teams



Program for Torture Survivors

The Baath regime of Saddam Hussein terrorized generations of Iraqis with “systematic, widespread, and extremely grave violations of human rights” (UN Commission on Human Rights). Our experiences over the past seven years show that during four decades, at least every second family has endured persecution, arbitrary arrest, executions, torture, sexual violence, displacement, ethnic cleansing, genocide crimes, or war.

After the fall of the regime in 2003, the situation improved significantly for the Northern Kurdish provinces of Iraq. At the same time, the Central and Southern parts experienced destabilization, waves of terror acts and sectarian violence that killed, injured and traumatized hundreds of thousands of civilians. Apart from this, an increasing number of women and girls commenced to dare to seek help for experiences of domestic violence. As a consequence, the need for our services among survivors of recent violence, including child victims of terrorist attacks, torture victims and internally displaced persons from religious minorities, is steadily on the rise.



Ferheng, 45 years old, from Erbil

When Ferheng came to the Erbil Center he suffered from chronic Post-Traumatic Stress Disorder (PTSD) following a history of imprisonment and torture in his youth.

Ferheng was born in Kirkuk, is married and has five children. At the age of 16, he was imprisoned on charges of opposition to the former Iraqi regime. During 40 days, Ferheng was subjected to various types of torture, such as beating, hanging, isolation, hunger and continuous verbal abuse.

Once released, he quit school because of the psychological effects of the traumatic experience. When in 2005 Ferheng witnessed a car explosion in Kirkuk resulting in many deaths and people wounded, his PTSD symptoms were re-activated and aggravated.

Kirkuk, Sulaymaniyah and Erbil

In 2011, our three core centers in Kirkuk, Sulaymaniyah and Erbil continued to offer free-of-charge medical and psychosocial services to survivors of human rights violations. These three centers alone admitted 1025 new patients and conducted a total of 9726 therapy sessions. About 50% of our clients in these centers were women and another 25% were children. Clients were offered interdisciplinary services including medical and physiotherapeutic treatment, psychotherapy, social counseling, and family interventions.

New Documentation System

One of the major challenges in 2011 was the introduction of a new documentation system consisting of a client database and psychological tests. Since modern data collection methods are widely unknown in Iraq, the project staff found it very difficult to understand the concept and the technical aspects of an electronic-based documentation system. We therefore concentrated on extensive training and feedback.

The psychological test results of 211 randomly selected patients indicated that about half of our patients who have had traumatic life experiences in their past, can be diagnosed with a post-traumatic stress disorder (PTSD). Additionally, more than 80% of the patients examined suffer from severe depressive symptoms and likewise more than 80% demonstrate clinically significant symptoms of anxiety. The great psychological burden has negative consequences on the subjectively felt quality of life. In general, the patients in this sample are dealing with severe and serious psychological disorders as a consequence of traumatic life experiences.

The family later moved to Erbil and Ferheng visited the Erbil center in the summer of 2011. During the first interview, Ferheng reported feelings of shame and guilt, hopelessness, mistrust towards others, outbursts of anger, social withdrawal, and forgetfulness. He complained about nightmares and intrusive images of the bomb explosion. Throughout longer parts of the session, Ferheng was crying. He also admitted to avoiding the area of the car explosion. An interdisciplinary therapy regime consisting of psychotherapy and antidepressants as well as psychoeducation helped reduce his symptoms and improve his outlook for the future. Since his family members proved to be an effective support system, we invited them to the center and helped them to understand Ferheng's situation. Today, Ferheng is working and leading a satisfied life again.

Ibrahim, 39 years old, from Kirkuk

Ibrahim visited the Kirkuk Center complaining of pain and sleeplessness after having been subjected to torture some days before. Ibrahim is married, has three children and shares a house with his parents and brothers. He dropped out of school early to work as a taxi driver and support his family.

Ibrahim lived a very normal life until one day in December 2010, when a group of Iraqi policemen assaulted his house and arrested him and his family members. Without receiving information about the reason, they were taken to the security office in Kirkuk where Ibrahim was tortured in the presence of his relatives. Police officers hit him all over his body, humiliated him, exposed him to electric shocks and forced him to stay in a cold and dark room.

Ibrahim was especially worried about the arrest of his wife. Fortunately, she was not subjected to mistreatment but threatened with death should her husband not confess the kidnapping of a woman. In this way,

Ibrahim learned that he was suspected of involvement in a crime, since his taxi had stood nearby when the woman was abducted. After one week of torture, without any possibility of sleep or rest, Ibrahim was finally released without being charged.

Some days later, he asked for help at the Kirkuk Center. We found that the physical consequences of torture included limb paralysis, severe pain during movement, lower back and joint pain, as well as generalized weakness. Ibrahim further suffered from insomnia, nightmares, depression, hopelessness, and loss of trust in others.

We referred Ibrahim to a rheumatologist and provided him with medicine and physiotherapy sessions. Psychotherapy helped Ibrahim reduce his nightmares and negative thoughts. Today, Ibrahim is again working and feeling better. However, he cannot forget what happened to him in jail. So far, the responsible police officer has neither been brought to justice, nor has Ibrahim received any indemnification or apology.



Caring for Survivors of Chemical Attacks

In 2011, we continued to support survivors of chemical attacks in the Halabja region with full financial support from the German Foreign Office. The project consisted of a rehabilitation center in Halabja city and a mobile component serving the surrounding provincial towns of Khormal, Biyare, Sirwan and Tewele. A team of 14 committed young medical doctors and psychotherapists supplied survivors with free-of-charge medical and psychosocial care. The total number of patients admitted in 2011 amounted to 688, of which 65% were women. Of those, 238 patients received treatment by means of the mobile team.

Twenty-four years after the attacks, the great majority of our clients continues to endure a variety of severe physical ailments as a consequence of the exposure to chemical weapons. For most of these conditions, there is currently no known cure and treatment can only reduce symptoms or alleviate the suffering. About 60% of our clients in 2011 complained about respiratory problems, followed by shortened vision and blindness (46%), and skin diseases (25%). About 60% needed help for psychological problems. Most of the clients received medical care directly in Halabja. More complex cases had to be sent for special laboratory or psychiatric investigation to Sulaymaniyah.

The Chemical Attacks on Halabja in 1988

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 chronic physical and psychological impairments that require intensive specialist treatment. These include serious illnesses such as lung damage, blindness or skin disorders as well as post-traumatic stress disorder and depression. Furthermore, the chemical weapons are suspected to have caused infertility, miscarriages, malformation of newborn children, or significantly increased cancer rates.



Commemorating the chemical attacks on Halabja

Challenges

As in the previous year, the demand for our services among survivors remained far above the ordinary and posed a great challenge for the team. Due to the huge number of severely traumatized clients with stressful biographies, the workload was very high. Since there is hardly any local or international research or expertise on diagnostics and evidence-based treatment of consequences of chemical warfare, project staff had to adopt a "trial-and-error" approach.

In order to fill this gap, 13 medical doctors and therapists from Halabja and Sulaymaniyah participated in a special training program in December 2011. The seminar took place in Berlin and focused on effects of chemical weapons and difficulties in developing successful treatment, aspects of collective trauma and intergenerational transmission of traumatization as well as burnout prevention. The participants took special benefit from the professional exchange with Christine Gosden, Professor of Medical Genetics at the University of Liverpool in Great Britain, who has longstanding expertise in chemical warfare research.



Halabja today: Unexploded Mustard Gas Bombs

On August 15, 2011, an unexploded chemical bomb was found in Halabja after having lain there undetected since 1988. A machine hit the shell during construction works and eight bystanders were exposed to mustard gas emissions. All victims received immediate care at the Halabja Center for symptoms including shortness of breath, cough, decreased visual acuity, allergic conjunctivitis, blistering and itching all over the body. Medical treatment helped to significantly decrease the after-effects of the exposure.

Three of the patients had lost family members during the chemical attacks in 1988 and reported symptoms of an acute stress disorder as fear, nervousness and psychosomatic complaints. All victims were very worried about the physical effects of the exposure to mustard gas since they had seen their relatives suffering from the same problems for decades. The incident alienated the whole city for several weeks and caused an ongoing discussion about long-term effects of the attacks and the need for protection and security measures.



Dermatologist Dr. Zana Muhammed Abbas examines victim of unexploded bomb in Halabja

Gulnaz, 47 years old, Halabja

Gulnaz received treatment at the Halabja Center for multiple physical problems resulting from exposure to chemical weapons in 1988.

At the time of the shelling, Gulnaz was 24 years old and lived in Halabja with her husband and their seven children. After the first wave of attacks they escaped to nearby Tewele village where they got exposed to the second wave. Gulnaz occasionally suffered from blindness and loss of consciousness. When she woke up, she found herself in an Iranian hospital and realized that her husband and three of her children were lost. It was only three weeks later that she could find two of her missing children with the help of the Iranian army. To this day, her third child and her husband remain unseen. Gulnaz does not know whether they are alive or dead.

During the following 10 years, Gulnaz and her six remaining children struggled to survive in various miserable refugee camps, fleeing ongoing military conflict and persecution.

For the past 15 years, Gulnaz has been living in peace. But her ordeal has left scars on her and her family's health. As a result of the chemical attacks, Gulnaz complains of chest pain, shortness of breath combined with a chronic cough, generalized body aches and bone pain. She has impaired vision and a tumor in the left thigh.

Today, Gulnaz lives under poor conditions. She never married again and has no stable income. During all the time, she was the only one to care for her six children, two of whom suffer from severe depression. Her son even attempted suicide.

Gulnaz was a witness in the trial against "Chemical Ali" (Ali Hassan Majid, former minister and cousin of Saddam Hussein) who was sentenced to death by the Iraqi Supreme Court in Baghdad in 2007 for crimes of genocide against the Kurds. Gulnaz felt relieved to have someone listen to her pains and in addition bringing one of the responsible individuals to justice. Our medical doctor prescribed strong antibiotics and painkillers against her chest infections and pain. Gulnaz is furthermore being treated for her cancer condition. Psychotherapeutic sessions helped to rebuild her self-esteem. Together with her psychotherapist, Gulnaz elaborated on the positive points in her life. We also taught her relaxation techniques. In addition, the social worker helped her improve her relationships with her children, relatives and neighbors and to participate in social activities in order to prevent further social isolation.

After several weeks of treatment, Gulnaz said: "This place is like my home. I see you young folks here as my children and I am very proud of you. Each day, I am praying for you."

Protecting Pluralism: Minorities in North Iraq

In June 2011, with the support of the German Evangelical Lutheran Church in Bavaria and the Foundation Wings of Hope, the Kirkuk Center launched a project for traumatized victims of persecution living in Duhok, Erbil and the Nineveh Plains. The Duhok Center for Victims of Violence was established specifically to assist members of religious minorities in this area. It was created as a place of tolerance and mutual understanding, where people from different religions and ethnic groups meet and provide a positive model for living together peacefully in Iraq.



Khamo, 57 years old, Nineveh Plains

Khamo belongs to the Yazidi community of a small town located between Duhok and Mosul. When Khamo first visited the Duhok Mobile Team, he complained about various psychological and physical problems.

Khamo served seven years in the Iraqi military. He stated that he had suffered frequent humiliation and abuse by his superiors who despised him for being Kurdish. In 1980, he was forced to fight against Iran where he saw many of his friends die in the course of military battles.

During one of these operations Iranian soldiers took him as a prisoner of war. The following two years were what Khamo described as "hell on earth". He suffered excessive torture, such as beatings with cables, long-term solitary confinement and deprivation of basic human needs. Khamo reported having seen many of his inmates die as a result of the assaults. When in October 1984, the detainees revolted against the barbarous conditions in the prison, Iranian military forces shot 300 persons in one day. Another 500 persons died of dysentery in the aftermath of the

The program consists of three components: a rehabilitation center in Duhok and two mobile teams serving remote areas around Duhok and Erbil. All units offer medical, psychological and social support to adults and children affected by violence. The program is carried out in close cooperation with local communities and serves victims regardless of their faith or ethnic affiliation. By the end of 2011, the project was staffed with four psychiatrists and medical doctors, 15 therapists and six administrative employees. Between September and December 2011, the team in Duhok admitted the first 48 clients, of which 22 were women and eight were children.

Reaching out to the Nineveh Plains

The Duhok Mobile Team selected three towns in the Nineveh Plains which are in particular need of outreach services: Shekhan, a small town inhabited by Christians, Muslims and Yazidis; Khatare, a city with surrounding villages mainly inhabited by Yazidis that has suffered exceptionally under the previous regime and from more recent terrorist activities; and Telisqof, a Christian town that hosted many refugees from Mosul and Baghdad. Since these cities are part of the disputed territories of Iraq, there is the risk of ethnic tension and extremist sectarian violence spreading from the Mosul area. The Erbil Mobile Team visited three cities in specifically neglected rural areas around Erbil. Bineslawe and Pirzeen

are both inhabited by numerous internally displaced persons who were forcibly resettled by the former regime as well as by returnees from Iran. Khabat is a small town located about 40 km southwest of Mosul. Since 2006, the city has become a refuge to many of those who have fled ongoing violence and terrorist attacks in the Mosul district. Within a period of seven months, a total of 98 patients received treatment, of which 68% were women and some 14% were children.

insurgency because they had been prevented from using toilets and cleaning themselves for weeks. In 1985, the International Red Cross visited the prison and managed to transfer him to another location near Teheran where conditions significantly improved for Khamo. He could even contact his family who had been without news of him for nearly four years. Nonetheless, he had to remain another five years in prison until he was finally released in 1990, in very poor physical and psychological condition.

One year later, Khamo married his present wife and started to recover gradually. He tried to resume a normal life, but his experiences caught up with him. This is why Khamo visited the Duhok Mobile Team, seeking help for his depressed mood, constant thoughts about his time in prison, the killing of his inmates and his torture experiences. He suffered from frequent flashbacks, nightmares and generalized body aches and pains.

Khamo was diagnosed with Post-Traumatic Stress Disorder (PTSD) and severe depression. The first two sessions helped him to release emotional pressure and to start relaxation exercises. Khamo is willing to continue treatment and believes that we can help him.

Minorities in Iraq

Iraq is home to several religious minorities, including Assyrian, Chaldean, Syriac and Armenian Christians, as well as Yazidis, Mandaeans, Shabaks, Jews and Baha'is. In recent years, central Iraq has experienced alarming levels of extremist violence directed against vulnerable communities. Systematic attacks and threats have driven more than 500,000 members of religious minorities into exile, endangering the survival of their ancient spiritual, linguistic and cultural heritage.

Many of those trying to escape ongoing ethnic and religious persecution in Iraq seek refuge in the northern provinces of the Kurdistan Region. An estimated 80,000 families of various ethnicities and religions have fled to this region, including approximately 20,000 Christian families from Baghdad and Mosul. While some of these victims of persecution have temporarily found a safe haven in the cities of Duhok and Erbil, others are internally displaced persons living in the Nineveh Plains.

are both inhabited by numerous internally displaced persons who were forcibly resettled by the former regime as well as by returnees from Iran. Khabat is a small town located about 40 km southwest of Mosul. Since 2006, the city has become a refuge to many of those who have fled ongoing violence and terrorist attacks in the Mosul district. Within a period of seven months, a total of 98 patients received treatment, of which 68% were women and some 14% were children.

Toma, 47 years old, from Baghdad

When Toma, a Christian man in his late forties, met the Duhok Mobile Team, he was suffering from severe depression. Four years hence, he had fled Baghdad with his wife and his seven children for the relatively safe Nineveh Plains.

Before the invasion of the U.S. troops in 2003, Toma and his family suffered from the effects of the international trade embargo against Iraq. After the war, he was glad to find work with the American forces and thus escape economic misery. Financially, their situation improved, but the security situation had deteriorated rapidly. During the following years, Toma narrowly escaped three bomb attacks. To this day, he suffers from the recalled images and the loss of several friends who perished in the blasts.

When shortly afterwards, terrorists threatened to kill him and to kidnap his daughter from school because of his Christian faith, he decided to flee. The loss of all his possessions and his work caused Toma much distress. He suffered from insomnia, nightmares, anxiety and sadness. During therapy, Toma admitted how ashamed he was of not being able to provide a decent living for his family.

Our therapist diagnosed the client with depression and drew up a therapy plan. Regular sessions helped Toma to relax and to strengthen his self-esteem.

More than 65 officials and media representatives attended the official opening ceremony of the Duhok Center on 15 November 2011



Program for Children and Adolescents

Every second inhabitant of Iraq is younger than 20 years of age. And even though many children living in the safe Northern provinces of Iraq have not individually experienced persecution and violence, they are indirectly affected by the suffering of their parents. Mothers and fathers who have survived traumatic experiences involuntarily transfer their problems to their children. Children living in survivor families therefore frequently become victims of aggression, physical and emotional abuse and the dysfunctional family structures produced by collective trauma.

Challenges

In 2011, the Kurdish government passed a law banning physical as well as psychological violence against children. But until the present day, no case of violence against a child has been brought to justice because Iraqi children have no voice and no lobby.

Both Iraq and Iraqi Kurdistan lack protection systems for children in danger: There is no effective youth welfare system, no foster care and very limited possibilities for adoption, no governmental responsibility for the well-being of children, no definition and awareness of children's best interests and child welfare endangerment, no child-appropriate standards of dealing with cases of sexual abuse and barely any trained child-care specialists.

Especially families with poor educational and economic backgrounds lack information on alternative ways of dealing with their children and subsequently need education and support. Another important obstacle is the widespread lack of knowledge regarding the rights and needs of children and appropriate methods of childhood education.

Supporting Children and Families

In 2011, we continued to offer age-adapted rehabilitation programs for traumatized children and adolescents in Kirkuk, Sulaymaniyah, Erbil and Chamchamal. In total, our team of child therapists, medical doctors and pediatricians admitted 919 new child patients and conducted 6908 treatment sessions. Accordingly, more than one third of our clients in 2011 were children or adolescents. Of all centers, the Children's Rehabilitation Center in Chamchamal admitted the highest number of children. Almost 600 young patients received treatment there.

In Kirkuk, more than 60% of the child patients visited the center after having experienced recent terrorist attacks, kidnapping or loss of family members. In general, a huge number of our young patients reported experiences



Sozan, 11 years old, from Kirkuk

Sozan visited the Kirkuk Center together with her father. Sozan and her family live in the neighborhood of a church. She is the youngest of five children.

The family feels the poor security in the city and the tensions between the different ethnicities and religions. The parents are trying their best not to have fear overburden the children.

Sozan has always been a very happy child who loved to go to school and play with her friends. This changed when a bomb detonated inside the church. At that time, the family had gathered inside their home for tea. All windows burst and their room filled with dust and smoke. Luckily, no one was seriously injured. This was only one of several bombing attacks leveled against Christian churches in Kirkuk.

The explosion left the young girl traumatized and in constant fear. High-pitched sounds caused her panic attacks and she was unable to attend school. She was afraid of new attacks happening. She also suffered from insomnia and nightmares.

At Sozan's first visit, our therapists gathered information from her and her father. Our psychiatrist made a first diagnosis of anxiety disorder. Play therapy as well as individual counseling sessions helped to improve her overall condition. After a few meetings Sozan was able to join other kids in the group seminars of our children department. Today, Sozan is just a happy child again.

Hemrin, 14 years old, from Chamchamal

Hemrin lives in Chamchamal together with his parents, his four brothers and three sisters. When his mother brought him to our center in Chamchamal, his face was filled with fear. Hemrin's entire body was shaking, and his hands folded tightly. During this first session, he would not speak at all. It was his mother who told us that her husband was a very violent person. In the past, she had been the main target of his aggression, but over the years Hemrin became the focal point.

Little by little, Hemrin started to non-verbally express his suffering with the help of toys and drawings. One day, he depicted a gun and the words "shedding blood unfairly". It became clear that something very bad had happened. After some minutes, Hemrin started to cry and spoke for over an hour about what he had kept within for so long.

Hemrin told us that his father would always beat him very hard. After one very brutal punishment, Hemrin escaped to a friend's home but his father found him. They went back by car, but Hemrin realized that they were not going home. Eventually, the father stopped and both the father and an older brother put a bag

over the child's head. They beat him brutally. Then, the father pulled out a gun and told his son that he would shoot him. Fearing for his life, Hemrin screamed and begged for mercy. Through a hole, he could see the father pointing the gun at him and he thought, "I am dead". Suddenly, a car drove by and pulled over, thinking they needed help. The bag was quickly removed. Hemrin's father threatened to kill him if he told anybody.

Since the event, Hemrin had isolated himself from other people. He had frequent nightmares, suffered flashbacks and could not concentrate at school. He often visualized the incident. Physical examinations revealed several bruises over his body.

Hemrin was provided with child-adapted psychotherapy that helped him gain confidence in others. Since Iraq lacks a protection system for children in danger we had to find a solution for Hemrin's problem that does not put his life in danger. We therefore contacted his teacher who invited his parents to an information meeting on non-violent child education at the local office of the ministry of education and appealed to the father's sense of duty. Today, Hemrin is again living with his father and regularly visits our therapists who monitor his development.

of domestic violence, sexual abuse and neglect. Very often, these problems were rooted in the traumatization of a family member who needed treatment himself or herself. In these cases, we invited relatives for family counseling sessions, which helped to decrease levels of violence, foster mutual understanding and reconcile relatives.

Human Rights Education and Raising Awareness

Staff of the Kirkuk Center held a series of 50 seminars for local school classes on human rights and the harmful effects of violence against children that were attended by some 1200 students and more than 50 teachers. The seminars dealt with age-appropriate topics like friendship, solidarity, violent behavior and the rights and responsibilities of each member of society. In Kirkuk, these seminars were conducted inside the center, due to safety concerns. Through these activities, the students and teachers learned about the values of respect, tolerance and non-violence.

In 2011, the Kirkuk Center started awareness-raising activities on children's rights and domestic violence that included about 2000 posters distributed in public places, seminars on children's rights, extensive press work and a Facebook campaign. With the kind permission of Save the Children, staff in Sulaymaniyah translated two picture books on children's rights into Kurdish.



Program for Women

A primary focus of our work in Iraq in 2011 was combating gender-based violence. Although we observe positive developments in legislative change and public opinion regarding women's rights especially in the Northern provinces of Iraq, the situation of women is still marked by grave violations of human rights, deprivation of fundamental freedoms and the lack of an effective and professional protection mechanism.

Rehabilitating survivors of gender-based violence

In 2011, we continued to offer special rehabilitation programs for women and girls in Kirkuk, Sulaymaniyah and Erbil. In October, we began to treat women in Chamchamal and the surrounding remote areas for the first time. In nearby Tekye, a former collective town, the team had to introduce a waiting list when, after a public start-off event, more than 50 women wanted to be admitted at once.

In total, 1156 female patients received treatment at the Kirkuk Center, a large part of whom were survivors of gender-based violence. Women took part in more than 6300 individual treatment and counseling sessions offered by female medical doctors, psychotherapists, social workers and physiotherapists. The great need for support among women in the Iraqi society is reflected in the percentage of female clients, which increased from 31% in 2010 to 44% in 2011.



Helin, 38 years old

"Everyone thinks that I am the happiest woman on earth! Nobody believes that I am a victim of violence or that I have any sorrows. I have everything a woman wants: a big house, sufficient income, and large amounts of gold. But my nightmare starts when my husband comes home from work. He is always drunk and angry and beats the children without any reason. I have told him many times that we have to go to a psychologist, but he refuses. At night he starts to hurt and humiliate me. He pulls my hair and sometimes he even hits me with a belt. My whole body is covered with bruises and burns. When he beats me he also rapes me. I've been hiding this secret for years. I could never tell anyone that, behind my luxurious life, there is a nightmare of abuse and rape."

In Kirkuk, Sulaymaniyah and Erbil, a total of 471 women attended psychoeducation and discussion groups that dealt with women's rights and domestic violence, the impact of traumatic experiences and issues of marriage, sexuality and child education. The groups helped clients not only to break the silence and overcome their isolation but also to tear down inter-ethnic barriers. Songül, a Turkman woman from Kirkuk summed it up: "I came to the women's group of the center because I heard so many good things about it. You know, we have always been told that Kurds cannot be trusted. But here, everybody is equal and all of us have the same problems. If all

Amina, 24 years old

"I hate all men. I can't fall in love with any man. Last year I graduated from college and now I work in an office. Two years ago, I realized that I loved a girl that was in my class. We both found out that we were in love. We spent much time together and in an odd way, we realized that our lives are quite similar. Our relation became deeper and we also had a sexual relationship. So far, our parents have not noticed anything because it is only when a boy and a girl spend too much time together that the parents are alerted and want to destroy their relationship. We never want to get married but her family will force her. If that happens, I will kill myself. We still love each other, but if anyone finds out about us they will insult us, expel us from our families or even kill us. We do not know what to do. This is the first time I am telling someone about our secret."



the people of Kirkuk came to understand each other like we do in this group, we could finally live in peace." In addition, all teams conducted a series of 46 seminars on the needs and rights of women that were attended by about 2000 participants, including teachers, female prisoners and prison employees, residents and staff of women's shelters, women from the countryside, students and members of the public health services.

Cihan, 13 years old

"We don't have much money. My father is a worker and returns home only at night. My mother works as a maid in other people's homes. My older brother and I stay at home. My brother is mentally disabled. I am always scared and keep the doors locked. Once a man from our neighborhood jumped over the wall and attacked me. He put his hand on my mouth so that I could not scream. Then he raped me and I couldn't do anything, I am only a young girl. Now I go to our neighbor's home when my mom leaves the house and stay there until she comes back. My parents beat me because I leave the house without their permission. But I cannot tell them the truth. I can't tell them that the man, who lives in our neighborhood and has a wife and three children, has raped me. If my father knew about it, he would kill me."

Khadija, 25 years old

"When my husband got killed in Mosul two years ago, I did not know what to do. I had two small children but no income. I couldn't return to my parents because they had no money either. My husband's family does not support us because they don't want another burden. So we became dependent on my brother-in-law who has six children of his own. One day he came to my house to bring money and asked me to have sex with him. Of course I did not accept! I shouted at him and threw him out. A few days later he came back and threatened me. I was afraid and did not know what to do. One night, when my children were sleeping, he came and raped me. I was so afraid that my children would wake up or that the landlord would hear my voice. I remained silent. After that night he came to my house and raped me several times and I never dared to talk about it with anyone. I had to flee to my parents in Erbil. My brother-in-law is still bothering me, he comes here and threatens me and wants me to come back to Mosul."

“I have never seen so much isolation and solitude”: The situation of women in Iraqi Kurdistan and the new law against domestic violence

Interview with Beyan Azizi, Head of the Program for Women

Mrs. Azizi, why do women not stand up against their perpetrators?

There are many reasons why women keep silent. First of all, Middle Eastern societies are marked by male domination. Men are the breadwinners of their families and women are financially dependent. If a woman leaves her husband, she loses everything: her home, her income, her possessions and her children. These women have nowhere to go. They are afraid of ending up in prostitution, in jail or even dead. In a home where violence occurs, there are also fear, humiliation, paralysis and death threats. Women are ashamed to talk about their suffering – all the more in an environment that considers women to be inferior to men and domestic violence to be permissible. Again, many women simply do not know their rights. They have no one to support them and are rejected by their families if they don't obey traditional customs.

But there is a new law that prohibits violence against women.

That is right. In 2011, the Parliament of Iraqi Kurdistan passed a law penalizing several forms of domestic violence. This regulation is a first good step in the right direction and initiated a shift in public opinion on the issue of domestic abuse. Nonetheless, we observe a lot of deficiencies in the protection of women and children from familial aggression that will affect the efficiency of the new law.

What do you mean exactly?

First of all the law text is incomplete. Why does it mention precise punishments for persons who exercise female genital mutilation but not for those who commit honor killing, which is a capital offense? Moreover, it is not enough to have a good law text. You also need to ensure effective protection systems for those who want to claim their rights. Today, we do not have enough women's shelters and the existing ones lack professional staff who respect their clients and are able to work on future perspectives for residents, together with their

families and communities. We have a lot of women who end up dead or beaten up after their release. This is unacceptable! One of the huge barriers is the long and complicated procedure of judicial complaints, which most victims have no time and money to stand. Furthermore, there are hardly any control or warning systems. Especially in rural areas people will continue to practice illegal customs such as forced marriage, underage marriage or the exchange of daughters without dowry (Shighaar or quid-pro-quo marriage) without anyone noticing.

Why is this?

This is because in many traditional communities of the Middle East, Islamic law codes are stronger than secular legislation. We have a lot of relatives here in our center who argue that Islam permits violence against women and that it is God's will that men have the right to treat women as inferior. But this is a misinterpretation of the religion.

Which is the role of society in these matters?

The main problem is that traditional customs and false beliefs about what is acceptable and what is wrong, are stronger than the law. The system of violence against women is possible only because women accept and even promote it! I had many clients who are afraid of telling the truth to their mothers, sisters, daughters and friends because they fear being judged as abnormal and having their reputation harmed. But none of us is without mistakes. What our society needs most, is more tolerance and more compassion.

Which other problems do you see?

An important factor in the prevalence of gender-based violence is poverty and low levels of education. About 60% of our female clients aged 16 or older are illiterate. Merely 30% of our female clients have finished primary school and only 2% have a university-entrance diploma. Although 75% are able to take up an employment, barely 6% are actually working and 87% are housewives. These



women do not know about their rights because they have no access to such information. And their husbands and fathers have seen nothing but war, terror and violence themselves. So far, there are hardly any professional counseling services and awareness raising efforts for family members who perpetrate violence against their relatives. The question is: How can we reach these persons?

What do you suggest?

We have taken the first step here in our centers. Every day we are seeing women who cover their body, their hair and their inner scream, so to say. They have been silent for years and years. I had many clients who have been raped by neighbors, husbands or relatives and never told anyone out of fear of being punished for being a victim. These women kill all their feelings and neglect the basic needs every human being has. I have never seen so much isolation and solitude than with these women who always struggle alone. The hardest part of our job is to break their silence. We obtain their trust, support them, never judge them, listen to everything they have to say and wait until they find the courage to tell us the worst things. The next step is encouragement and education of family members. But all these efforts are in vain if our clients have to go back to a situation of abuse because of lack of alternatives and governmental support.

Beyan Azizi holds university degrees in political science, international law and gender studies and is currently teaching law, politics and human rights at the Salahaddin University in Erbil. In 2011, Mrs. Azizi joined the team of the Kirkuk Center for Torture Victims in Erbil and heads its program for women.

The Law Against Domestic Violence in the Kurdistan Region of Iraq (2011)

Art. II: It is prohibited for any family member to commit acts of family violence, including physical, sexual and psychological violence within the family. The following acts, for example, are considered as family violence: coercion in marriage, Shighaar marriage and child marriage, marriages instead of blood money, forced divorce, forced prostitution, female circumcision (FGM), beating family members under any pretext and forced marital intercourse.

Art. VII: Those who commit acts of domestic violence shall be punished with imprisonment for not less than six months and not more than three years and shall pay a fine of not less than one million Dinars and not more than five million Dinars or either of the two penalties.

Outreach Services – Training

Mobile Teams for Rural Areas

In the year 2011, we were able to increase our services for victims living in poor and remote areas by establishing new mobile teams for the Erbil, Chamchamal and Duhok region. The mobile team in Kirkuk continued to visit patients in Qerehencir, Shwan, Penja Ali, Pirde, Hesar and Leylan. The four teams treated 325 new patients of whom 60% were women and about 20% children. Most of these patients had never been treated for psychological and social problems before. Once again, mobile teams proved to be one of the rare means to reach children and female victims of human rights violations who live in rural areas and are often unable to reach the big cities to seek help and obtain rehabilitation.

Outreach Services for Juvenile and Women's Prisons

Three mobile outreach teams paid regular visits to the juvenile prisons in Kirkuk, Sulaymaniyah and Erbil. They reached a total of 316 children and adolescents, most of whom had been arrested for theft, battery and assault or begging in the streets.

In Sulaymaniyah and Erbil, the staff of the program for women held regular seminars and individual counseling sessions for inmates of women's prisons. Most of these women reported personal histories of severe violence, neglect and social conflict. In addition, the Erbil prison team found many children up to the age of two years arrested along with their mothers. They were alarmed by the fact that these children were growing up in an environment full of aggression and violence, without toys, without child-appropriate food and without any relative outside the prison to care for them. The team therefore started a program of psychoeducation, training in child care and impulse control as well as open discussion rounds on various topics. The management of the prison was very helpful and by the end of the year assumed responsibility for the program, allowing our staff to retire.

Training

In order to address the lack of psychotherapists, clinical psychologists and social workers in Iraq, every endeavor has been made to train our staff and offer opportunities for international staff exchange. In 2011, all medical doctors and therapists participated in three 3-day practical training sessions funded by the German Heinrich-Boell-Foundation and UNOPS in Sulaymaniyah and Erbil. The seminars were carried out by international trauma experts from Germany, the Netherlands, Italy, Australia and Kurdistan/Iran and focused on trauma therapy, family counseling, narrative therapy approaches

and self-experience. A large number of team members further participated in three one-week staff exchange meetings in Berlin, dealing with child therapy, sexual abuse, artistic approaches, psychoeducation, international diagnostic systems, body-focused psychotherapeutic approaches, case supervision, chemical attacks and visits to best-practice psychiatric institutions. Further training projects included English language courses and numerous seminars and professional exchange meetings inside and outside Iraq on topics such as children's rights, database management and international human rights law.

Khelat, 52 years old, from Qerehencir

Khelat visited the Kirkuk mobile team for symptoms of depression and fear. Khelat is widowed and has six children.

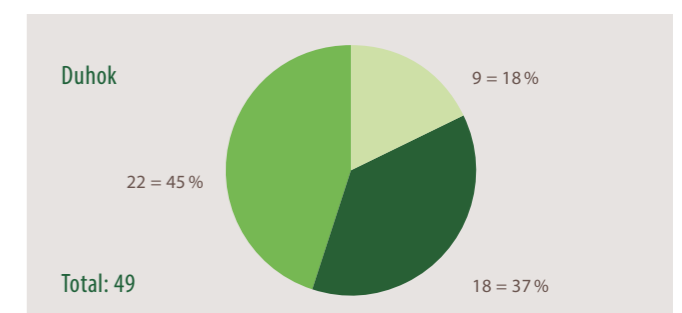
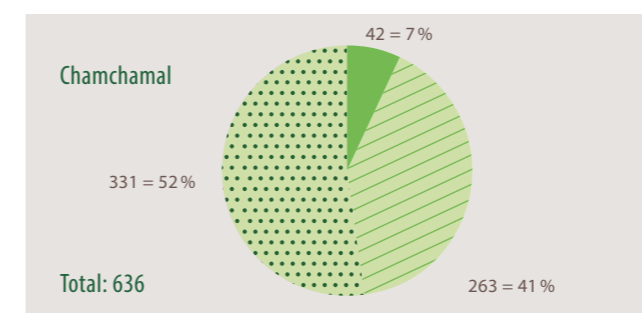
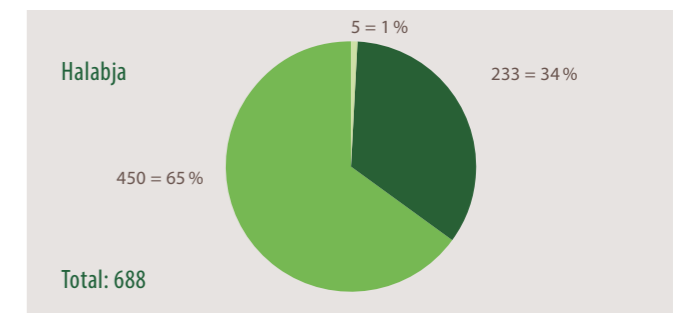
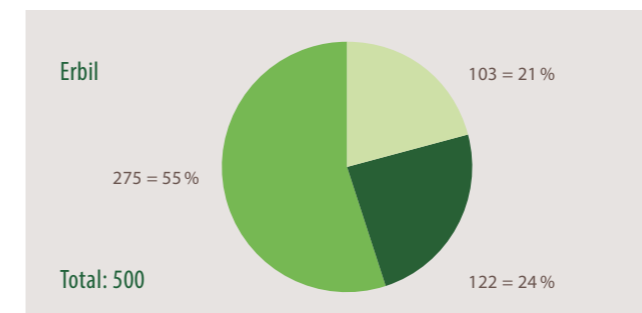
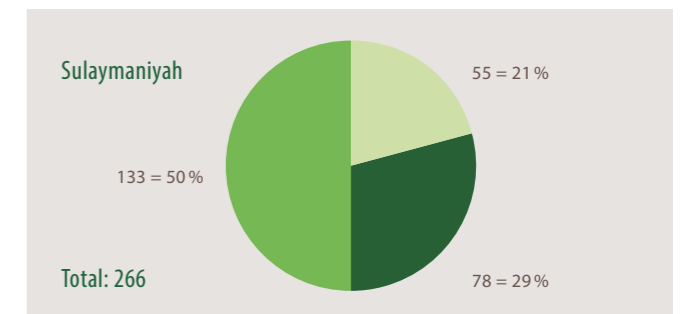
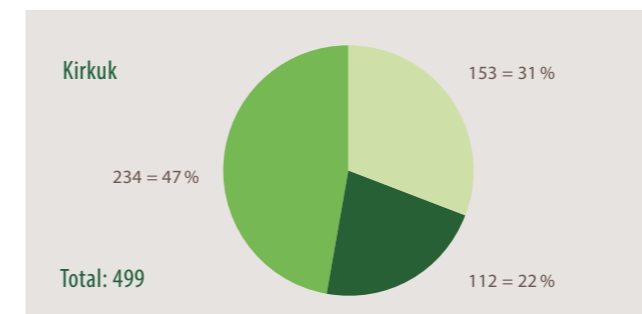
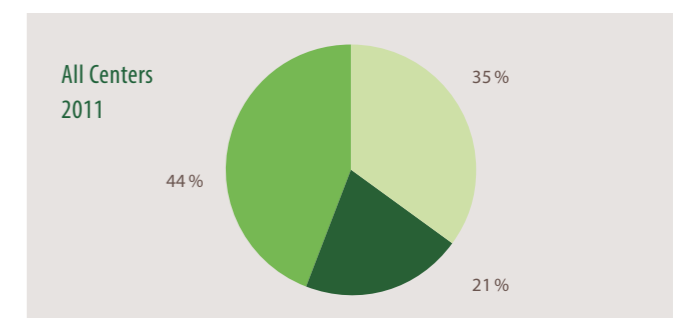
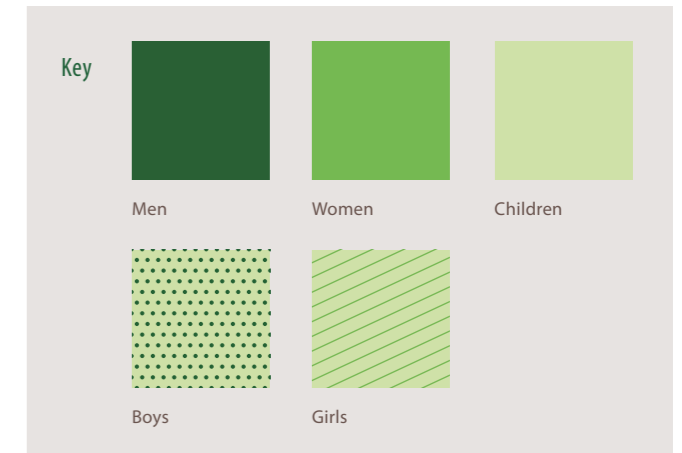
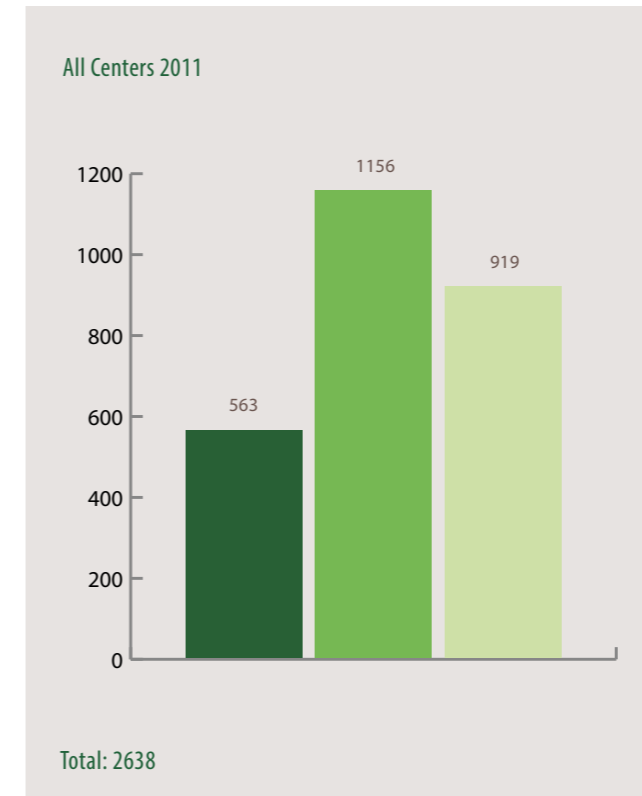
In 1988, Iraqi military forces attacked her family during the so-called Anfal Campaign. Together with all men, women and children of their village, Khelat and her family were imprisoned. In jail, they endured numerous hardships. Khelat said she had been beaten for looking through a window where she witnessed security officers torturing and shooting young men. For several days, Khelat and her family were denied food and water as well as medical treatment. More than 75 children died during these days, among them Khelat's small daughter.

After several months in different prisons, Khelat and her remaining family members found their village completely destroyed. They stayed in the ruins of their house but a little later fled yet another attack for a refugee camp in the Iranian mountains. Some days after their release, her husband turned crazy because of the torture he endured. As she later recalled, he would cry and laugh without reason, stop eating and drinking, get angry and talk in strange ways. Later, her 13-year-old daughter tried to immolate herself, but her family prevented the worst and the girl survived with minor injuries.

When Khelat visited the mobile team, she was depressed. She could not forget about her experiences in prison. In her dreams, she constantly pictured the security coming to her village and taking everyone with them. She had lost trust in others and had no one to speak to.

During many sessions, we worked on her self-esteem and encouraged her to overcome her isolation. She started to strengthen contacts with her neighbors and realized that she is not alone in her suffering. Today, Khelat feels better overall and takes strength from her family, who needs her.

Client Statistics





Team as of December 2011

Kirkuk

Abdulameer Anwar Samad Medical Doctor (Dermatologist)	Hashim Abdullah Mohammad Psychotherapist / Counselor	Rizgar Abdulqadir Bahadeen Psychotherapist / Counselor
Abdulkarim Khidir Abbas Psychiatrist	Hardi Ghazi Taifor Psychotherapist / Counselor	Sana' Dawod Mikhaeel Janitor
Abobakr Omer Ismaeel Physiotherapist	Hawzheen Kamal Hussein Psychotherapist / Counselor	Sarmad Adnan Omer Medical Doctor
Amal Khalil Najmadeen Psychotherapist / Counselor	Hemin Tahseen Ahmed Medical Doctor	Shaima Khalil Ibrahim Psychotherapist / Counselor
Asmaa' Salahadeen Bahaddin Medical Doctor	Hezang Muhamad Ali Psychotherapist / Counselor	Shanga Shaida Mohammed Medical Doctor
Avan Kawez Mohammed Medical Doctor	Jasim Mohammed Shindi Psychiatrist	Sino Irfan Salih Physiotherapist
Aveen Mustafa Hameed Psychotherapist / Counselor	Kaban Kamal Majeed Accountant	Sirwa Ahmed Khursheed Legal Counselor
Baida Abdulaziz Mirza Medical Doctor	Khalil Ibrahim Rasul Guard	Sirwa Najmaldin Jalal Pediatrician
Bilind Barzan Ameen Psychotherapist / Counselor	Layla Rifat Tawfeeq Psychotherapist / Counselor	Soma Shamsadeen Najmadeen Psychotherapist / Counselor
Chiya Sideeq Hamad Psychotherapist / Counselor	Marwa Muhsin Husein Secretary	Songul Izaddin Hussein Janitor
Dana Khalid Hameed Psychotherapist / Counselor	Mohammed Qadir Abdulla Guard	Su'ad Ali Mohammad Secretary
Darya Dalshad Yahea Accountant / IT Officer	Murad Tariq Hussein Medical Doctor	Yousif Abdulmuhsin Salih Project Manager
Fakhir Mohammad Abbas Psychotherapist / Counselor	Noora Irfan Hameed Medical Doctor	Zena Arif Psychotherapist / Counselor
Fuad Ahmed Mohammed Psychotherapist / Counselor	Omed Nihad Abdulkarim Gardener	Zhwan Adil Omer Psychotherapist / Counselor
Ghalib Qadir Hamza Gardener	Ramazan Sarmad Ali Driver	
	Rebeen Ali Mohammed Administration	

Sulaymaniyah

Almas Ismaeel Salih Secretary
Bakhtiar Hadi Hassan Pedagogue
Banu Muhammed Hilmi Information Officer
Delman Muhammad Karim Accountant / IT Officer
Goran Mohammed Rasul Psychotherapist / Counselor
Hawzhin Fazil Mahmood Medical Doctor (Internist)
Hozan Faraidoon Penjweni Psychotherapist / Counselor
Jamal Ma'aruf Shareif Pediatrician
Jamal Omar Tawfeeq Psychiatrist
Kazem Omer Mohammed Psychotherapist / Counselor
Nareman Ebrahim Ramadan Janitor
Nebez Azwar Ahmed Psychotherapist / Counselor
Nyaz Jabar Fathulla Physiotherapist
Pishtiwani Akbar San Ahmad Researcher / Librarian
Rebwar K. Hama Physiotherapist

Sara Akram Muhammed Medical Doctor (Ophthalmologist)
Sarwat Ahmad Abdulqader Psychotherapist / Counselor
Saywan Ghafur Mohammed Psychotherapist / Counselor
Shadan Jabar Fathulla Secretary
Shareef Jawdat Ali Project Manager
Somayah Ahmed Hassan Psychotherapist / Counselor
Viyana Azad Shauqi Psychotherapist / Counselor
Zana Muhammed Abas Medical Doctor (Dermatologist)
Zozik Jamal Amin Medical Doctor (ENT)

Erbil

Ako Abdulkareem Abdulwahed Psychotherapist / Counselor
Amina Hamad Ali Sadiq Secretary
Aras Abdulrahman Ahmad Amin Psychotherapist / Counselor
Avin Sabah Abdullah Psychotherapist / Counselor
Bashar Ahmed Muhammed Psychotherapist / Counselor
Bayan Azizi Psychotherapist / Counselor
Fuad Hamad Amen Ismael Janitor
Gaylan Kemal Anwer Project Manager
Hazha Abubakr Ahmad Psychotherapist / Counselor
Hazhar Akram Mohammed Psychotherapist / Counselor
Karim Kaka-Ameer Kareem Driver
Mahmood Qasim Mahmood Psychiatrist
Muhamad Omer Muhamad Medical Doctor
Omed Qader Taha Psychiatrist
Omer Salih Rasheed Psychotherapist / Counselor
Omer Yousif Mahmoud Physiotherapist
Pishtiwani Karim Rashid Psychotherapist / Counselor
Raber Zirar Sabir Accountant / IT Officer

Rahel Ismael Rasul Medical Doctor
Rezan Ahmad Abdulla Psychotherapist / Counselor
Sadegh Amir Rahman Psychotherapist / Counselor
Sadiq Zuar Sleman Psychotherapist / Counselor
Shadan Abdulmajid Muhammed Kadir - Physiotherapist
Sofia Akber Ismael Medical Doctor (General Surgeon)
Zhino Azad Ahmed Psychotherapist / Counselor

Chamchamal

Ahmed Ali Ahmed Secretary
Ako Faiq Mohammed Psychotherapist / Counselor
Aveen Shahab Aziz Psychotherapist / Counselor
Awin Qaraman Ghafur Physiotherapist
Bestoon Raheem Wali Psychotherapist / Counselor
Biryar Jalal Abdulkarim Psychotherapist / Counselor
Daroon Hasan Mahmood Janitor
Hawzhin Mohammed Rahman Psychotherapist / Counselor
Layla Ahmad Salih Psychotherapist / Counselor
Majid As'ad Mohammed Psychotherapist / Counselor
Paree Noori Ahmed Psychotherapist / Counselor
Rangin Raies Mohealdin Psychotherapist / Counselor
Rizgar Qadir Rahman Psychotherapist / Counselor
Rozhan Omer Ali Psychotherapist / Counselor
Shahla Nawzad Mohammed Psychotherapist / Counselor
Zana Sabah Arif Project Manager

Halabja

Askandar Mahmud Mohammed Medical Doctor
Azad Mustafa Qader 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 Janitor
Hawkar Walid Qadir Driver
Ibrahim Hama-Sa'ed Mohammed Psychotherapist / Counselor
Lanja Salam Ali Psychotherapist / Counselor
Meran Rafiq Abda Driver
Mohammed Sobhan Mohammed Medical Doctor
Mohammed Wali Abdulla Psychotherapist / Counselor
Rawa Hama-Gharib Ali Medical Doctor
Sarwan Jamal Abdul-Qadir Psychotherapist / Counselor
Sherko Qadir Mahmood Driver
Zhino Suleiman Hama-Amin Psychotherapist / Counselor

Berlin

Friederike Regel Project Coordinator
Korinna Fritzemeyer Project Coordinator
Leif Hinrichsen Project Associate
Sabine Schimpf Researcher

Duhok

Ajeen Hashem Taib Psychotherapist / Counselor
Elham Shamon Khames Janitor
Halat Kamal Abdullah Secretary
Hawar Jalaladdin Ibrahim Psychotherapist / Counselor
Hirsh Saadi Azo Psychotherapist / Counselor
Hoger Naif Abdulla Psychotherapist / Counselor
Nibar Jameel Rashed Psychotherapist / Counselor
Ninos Sargon Yonan Driver
Perjan Hashim Taha Psychiatrist
Rospin Noel Baito Accountant / IT Officer
Rozan Obidallah Aaibrahim Psychotherapist / Counselor
Sami Shamoel Yousif Driver
Shahla Yaseen Hesein Psychotherapist / Counselor

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 comprehensive medical and psychological rehabilitation for twelve months.



How to Help

We are affiliated with the Sozialbank, the leading German bank for charitable organizations (www.sozialbank.de).

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

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
tel +49 (0)30 - 30 39 06 40
info@kirkuk-center.org
www.kirkuk-center.org

Zozan, 10 years old, and her mother, from Erbil

Zozan was introduced to the Erbil Center by her mother, who was worried about her daughter's poor health. Zozan suffered from loss of consciousness, dizziness, headaches and was not eating. Due to their desperate economic situation they could not afford to see a doctor and hoped to receive free-of-charge medical attendance at our center.

It took seven sessions until mother and child told the therapist that the father was an extremely violent man who would threaten and terrorize his family both mentally and physically. Just as he had done with his sisters in the past, he tried to force his wife into prostitution. Since this was the mother's second husband, she did not dare to leave him because of the social stigma of divorce. The father himself came from a very poor family and had been addicted to alcohol and other drugs since his youth.

When they visited the center, the mother asked for help in order to protect her children from her

husband. She planned to go to the police and to testify against him. We helped her by referring her to a fellow women's rights NGO who organized a lawyer for her. We further offered child-adapted therapy for the girl who started to open up and feel more relaxed in the presence of strangers. She is now also receiving treatment by a neurologist who found out that she suffers from a mild form of epilepsy.

The mother has recently decided to take her children and leave her husband. She is now working as a housekeeper in a school and somehow manages to feed her children with her small remuneration. The three of them live in a small apartment in daily fear of the father. Some days ago, he found his daughter at her grandmother's house. When he tried to kidnap Zozan, she ran away and managed to get to the Erbil Center where staff found her and brought her back to her mother. The latter finally filed for divorce. With the help of our Center, Zozan gradually recovered from her traumatic experiences and is now able to live without constant fear of maltreatment.



Donors and Supporters

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

International Bodies



European Commission



United Nations Office for Project Services

Governments



German Foreign Office



Canadian International Development Agency
Regional Human Rights and Peacebuilding Fund

Non-Governmental Organizations



Zentrum Überleben



Norwegian People's Aid
Norwegian People's Aid



Berlin Center for Torture Victims



Amnesty International – German Section



Evangelical Lutheran Church in Bavaria



Heinrich Böll Foundation



Foundation Wings of Hope

Donations

1 A Pharma GmbH
Action Medeor
Aliud Pharma GmbH & Co. KG
Berliner Seilfabrik e.V.
Directorate of Printing and Publishing Sulaymaniyah
GlaxoSmithKline GmbH & Co. KG
Hameen Hassan
MEDA Pharma GmbH & Co. KG
MSD SHARP & DOHME GMBH
Muhammad Zangana
Nycomed GmbH
Pfizer Deutschland GmbH
Playmobil
Qaiwan Group
Ravensburger AG
Sardam Foundation
Selecta Spielzeug AG

Volunteers

Maxi Brandmeier – Psychologist
Anke Rauch – Psychologist

Advisors

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

Other supporters

Azady Hospital Kirkuk
Christian Aid Program Northern Iraq (CAPNI)
Directorate of Education Sulaymaniyah
Prof. Dr. Wolfgang Fritzemeyer
Goran Adham, Mayor of Halabja
Health Directorate Kirkuk
IKNN Organization Erbil
Dr. Ismile Ahmed Bakr, General Director of Health, Erbil
Kirkuk Journalist Institute
Uwe Kekeritz
Mahdi Shera, Office Manager, Ministry of Health, Erbil
MASALA Organization
Muayad Muhamadamin Hassan, Director of Women and Juvenile Prison Erbil
Dr. Nezar Ismet Taib, General Director of Duhok Health Directorate
Nihad Qoga, Mayor of Erbil
Claudia Roth
Sabah Arif Ahmad
Shoraw Hospital Kirkuk
Uta Zapf

Contact Information

Website:

www.kirkuk-center.org

Facebook:

www.facebook.com/kirkukcenter

Kirkuk Center for Torture Victims

Teyeran Square (near Qorye Police Station)

Kirkuk, Iraq

Phone: +964 (0)770 9361514

Email: help@kirkuk-center.org

Open: 09.00 – 16:00 (closed on Fridays)

Languages: Kurdish, Arabic, Turkmen, English

Rehabilitation Center for Torture Victims – Sulaymaniyah

37 Midya St. - Handren Qtr. 109 - House 25

(opposite Directorate of Culture)

Sulaymaniyah, Kurdistan Region, Iraq

Phone: +964 (0)771 0136137

Email: 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 7617979

Email: 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

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

Open: 09.00 – 16:00 (closed on Fridays)

Languages: Kurdish, English



Rehabilitation Center for Victims of Violence – Duhok

Hay L Askary (opposite Hotel Binavy)

Duhok, Kurdistan Region, Iraq

Phone: +964 750 7375111

Phone: +964 770 0500808 (Mobile Team)

Email: 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

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

Phone: +49 (0)30 - 30390649

Languages: English and German (Kurdish and Arabic upon request)

