

INTERAGENCY GUIDANCE NOTE



PREVENTION OF AND RESPONSE TO CHILD MARRIAGE

KURDISTAN REGION OF IRAQ (KRI)

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INTRODUCTION

While the rates of child marriage globally have decreased in the past 30 years, the rates of child marriage in Iraq are some of the highest in the Middle East¹. Child marriage is defined as marriage of a child under 18 years old and it disproportionately affects girls; globally, more than 700 million women alive today were married before their 18th birthday and more than one in three (about 250 million) entered into a union before age 15².

Child marriage has disastrous and life threatening effects on the health, protection, health, economic, social and psychological development and wellbeing of children. It limits their access to education, sexual and reproductive health care and increases their isolation.

A girl under 15 years is five times more likely to die in childbirth than a grown woman; young girls are at increased risk of contracting HIV due to a lack of negotiation power for safe sex and are more likely to experience domestic violence than those who marry later.

Sex with a child under the minimum age of consent and unwanted sexual relationships are gross violations of a child's rights, regardless of whether they take place within the context of a marriage³. Child brides typically end up having children at a young age and are often much younger than their husbands. In many countries, marriages of children under 18 are not legally recognized and this has implications for the birth registration of their children.

In Iraq, child marriage is culturally, religiously and socially practiced in many communities and this is exacerbated in refugee and Internally Displaced People (IDP) contexts. 21% of females between 15-19 years are currently married in Iraq⁴. The recent and ongoing conflict and displacement has disproportionately affected adolescent girls. The majority are out of school, experience growing levels of sexual violence, abductions, sexual harassment, early and forced marriage, sexual exploitation and abuse and have restrictions placed on their movement by their families. Limited opportunities for education remain a major obstacle. Additionally, many families are afraid to send their girls to school due to security concerns, and girls continue to be at risk of GBV and early marriage as a coping strategy⁵. Key findings from the 2014 Interagency Child Protection Assessment Erbil, Sulaymaniyah and Duhok⁶ indicate that child marriage was one of the most common forms of GBV reported by key informants (24.06%).

Whilst the amended Law on Personal Affairs No. 188/1959 sets the minimum age of marriage at 18 years, it allows for the marriage of children between the ages of 15 and 17 if the approval of their legal guardians is obtained. The Kurdish Regional Government (KRG) raised this age to 16⁷, but it remains below the global standard of 18 years⁸.

1 Inter-Agency Child Protection Assessment Erbil, Sulaymaniyah and Duhok Governorates Kurdistan Region of Iraq, July & August 2014

2 Ending child marriage: Progress and prospects, UNICEF 2014

3 Too Young to Wed, The growing problem of child marriage among Syrian girls in Jordan, Save the Children, 2014

4 The Situation of Children and Women in Iraq: Highlights from the Multiple Indicator Cluster Survey 4 (MICS 4), UNICEF

5 UNFPA safety Audit assessment in Baghdad, Kerbala (2014)

6 Inter-Agency Child Protection Assessment Erbil, Sulaymaniyah and Duhok Governorates Kurdistan Region of Iraq, July & August 2014

7 Personal Status law in KRI no. 15 of 2008 Art. 5

8 Central Statistics Organization, Kurdistan Regional Statistics Office, Ministry of Health & UNICEF

In the Kurdistan Region of Iraq (KRI), child protection and gender based violence (GBV) actors have identified a gap in the prevention of and response to child marriage. In order to harmonize efforts to prevent and respond to child marriage in the KRI, the Child Marriage Task Force was established, with representation from the child protection and SGBV working groups in KRI, to provide technical support, build capacity and coordinate responses to address child marriage.

This technical guidance was developed in an emergency setting as service providers supporting displaced children from Iraq and Syria began to receive and respond to child marriage cases. This document aims to outline standard procedures to be undertaken in the identification of and intervention with all children under the age of 18 years that are (1) at risk of marriage, (2) engaged to be married, (3) who are already married and (4) pregnant girls. This document is targeted towards all child protection and GBV service providers working in the KRI, in particular with refugee, Internally Displaced Person (IDP) and host communities. The document aims to encompass all communities in KRI with relevant guidelines and information.

In each respective location, child protection and GBV lead agencies will decide which actor has the capacity to respond to child marriage cases.

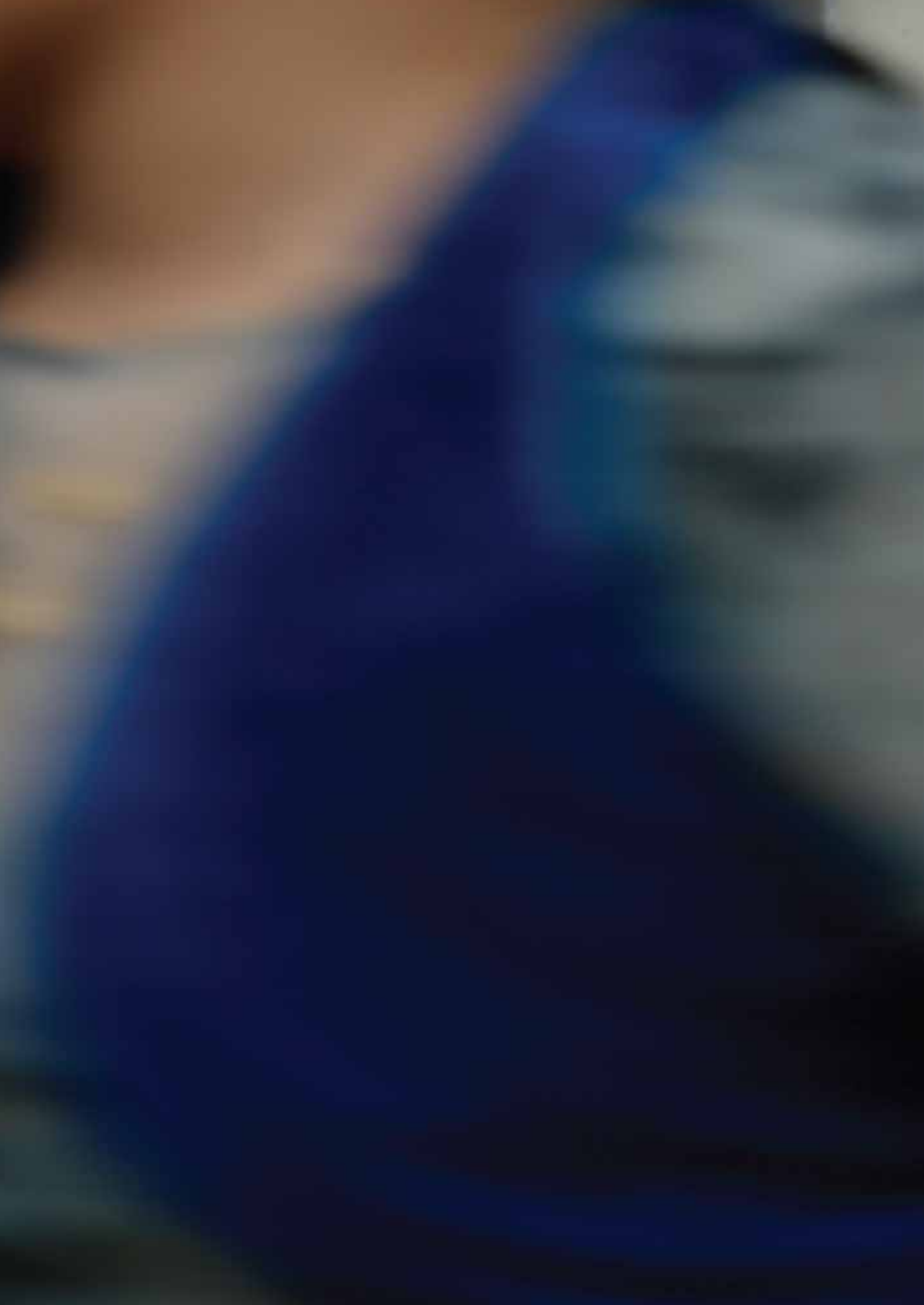
Key Strategies to Prevent Child Marriage

Considering the experience of other countries in the region, together with a large body of international evidence, there are possible strategies to prevent child marriage and to reduce the risks within those marriages that do take place. Changing this practice requires sustained, integrated, coordinated efforts by all partners. Recommendations from successful interventions indicate that education is a powerful tool to prevent child marriage, especially keeping girls in school through secondary grades. Interventions that engage adolescent girls to reduce their isolation, develop confidence and reinforce their social and human capital to prevent violence are essential. Strengthening and enforcing laws against child marriage in parallel to building community awareness through targeted campaigns and engagement with community and religious leaders is instrumental in changing attitudes that condone child marriage.

Below there are some strategies identified⁹:

1. Empower children with information, skills, support networks and recreational opportunities
2. Provide economic support, incentives and livelihoods to vulnerable families
3. Educate parents and community members on the harmful effects of child marriage
4. Enhance access to a high quality education
5. Provide reproductive health awareness
6. Encourage supportive laws, policies and practices





SECTION

GUIDING PRINCIPLES

Agencies and staff engaged in responding to child marriage cases should comply with a core set of principles to guide their behavior and interaction with children and their families.

Case workers working on these challenging cases should abide by the 'Do no harm' and 'Best interest of the child' principles, in particular for child marriage cases. A case worker's role in the case management of child marriage cases is to ensure girls and their families are informed and connected to resources and services. Directly intervening, for example taking responsibility for ending or stopping a child marriage especially where such action has not been requested, may have unintended consequences for children and be a threat to case workers' safety. The case worker should ensure that the child's safety is a primary concern throughout the management of the case; in some cases this might mean not taking immediate action where further engagement could lead to a risk for the child.

Key Reference Documents

1. Child Protection Case Management SOPs for KRI (2014)
2. SGBV SOPs (2014)
3. Caring for Child Survivors of Sexual Abuse (2012)¹⁰
4. Field Handbook for the Implementation of UNHCR BID Guidelines (2011)

SECTION

2

CASE IDENTIFICATION

Within child protection and GBV programming in the KRI, the role of identifying vulnerable children at risk of child marriage is largely assumed by Social Workers, Community Mobilisers and Outreach Volunteers. Once cases are identified and referred to agencies providing specialized child protection and SGBV case management services, the care plan or intervention can be designed and implemented.

Responding to child marriage is the responsibility of all frontline workers. There are a number of ways to identify children who are exposed or vulnerable to child marriage or already married that need case management and other services:

- By child protection agencies during community-based child protection activities, such as at Child Friendly Spaces (CFS), awareness raising activities or psychosocial support with children;
- By GBV agencies through activities targeting women and girls;
- By other general service providers, such as educational staff, police, health workers, etc;
- A child may be identified by community members, including neighbours, and employers as well as through community-based child protection mechanisms such as child protection committees, etc.;
- Self-referral: a child has the freedom and the right to inform anyone.

Note: A survivor can report to anyone and therefore any frontline worker should be in a position to provide accurate and honest information on available services.

There are children that can be considered more exposed to the risk of child marriage:

- Children who live in economically vulnerable families
- Children living in Female Headed Households
- Children living in large families
- Children living with elderly caregivers
- Children who are out of school or those who have never attended school
- IDP and refugee children are at higher risk





INFORMED CONSENT & ASSENT¹¹**Informed consent**

the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents/-caregivers are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age¹².

Obtaining Informed Consent/Assent from Children and Caregivers

- In general, consent to proceed with case management (and other case actions) should be obtained from the child, as well as the caregiver or another suitable adult;
- In the KRI, the parent/caregiver's (or other responsible adult's) legal consent to proceed with case management (and other case actions) should be obtained for children under 18 years of age¹⁴. However if a child has reached the age of 15 years old, the child's informed consent may be obtained instead of the caregivers if the parent/caregiver is not able or willing to provide consent¹⁵;

Informed assent

the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services¹³.

- For children under the age of 15, their informed assent (ie willingness to participate) should be provided;
- Children and caregivers should be made aware of any relevant mandatory reporting requirements that may apply.
- Caseworkers are responsible for communicating in the language spoken by the child and family and in a child-friendly manner¹⁶ and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation.

¹¹ Interagency SGBV KRI SOPs adapted from The Gender-Based Violence (GBV) and Child Protection (CP) Case Management Manual

¹² Caring for Child Survivors of Sexual Abuse. IRC/UNICEF. 2012.

¹³ Caring for Child Survivors of Sexual Abuse. IRC/UNICEF. 2012.

¹⁴ The Civil Law for the year 1951, Articles 93-103; Minor's Care Law No. 78/1980, Articles 27-33; The Juvenile Welfare Law; Articles 3,4 & 5
¹⁵ Older adolescents, ages 15 years and above, are generally considered mature enough to make decisions. In addition, 15-year-olds are often legally allowed to make decisions about their own care and treatment, especially for social and reproductive health care services. This means that older adolescents can give their informed consent or assent in accordance with local laws. Ideally, supportive and non-offending caregivers are also included in care and treatment decision-making from the outset and provide their informed consent as well. However, decisions for involving caregivers should be made with the child directly in accordance with local laws and policies. If the adolescent (and caregiver) agrees to proceed, the caseworker documents their informed consent using a client consent form or documenting on the case record that they have obtained verbal consent to proceed with case management services - pg. 115 Caring for Child Survivors (CCS) of Sexual Abuse - Guidelines for health and psychosocial service providers in humanitarian settings. International Rescue Committee (IRC) and UNICEF, 2011

¹⁶ And in case of a child with a disability, communication should be done in a disability appropriate manner using display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

When Not to Get Parental/Caregiver Consent

There may be cases in which it is not appropriate to obtain parent/caregiver consent, including where the caregiver may be the perpetrator or complicit in the abuse, or for unaccompanied children without a caregiver. In such cases, wherever possible the consent of another trusted adult should always be sought for children under 15 years old. For children above 6, they should participate in identifying this person. Where such person is not available, the case manager may have to provide consent for children under 15 years old.

Additional Reference Point: For more information on age appropriate guidelines on informed consent and assent, reference Child Protection Case Management SOPs for KRI (2014) and Caring for Child Survivors (CCS) of Sexual Abuse - Guidelines for health and psychosocial service providers in humanitarian settings (2011)

Best Interests of the Child¹⁷

- The Best Interests of the Child is a key principle set out by the Convention on the Rights of the Child (CRC). In all actions concerning children, the best interests of the child shall be a primary consideration.¹⁸
- The Best Interests of the Child is a right, a principle and a rule of procedure based on an assessment of all elements of a child's or children's interests in a specific situation.¹⁹
- Service providers must ensure the child's physical and emotional safety and the child's well-being throughout their care and treatment.²⁰
- Service providers must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate).²¹

Limits to Confidentiality²²

- Case managers can break confidentiality in very exceptional circumstances if they think it is required to protect the client or another person:
 - o When the client threatens their own life.
 - o When they threaten to seriously harm someone else.
- Information can be shared with an organization that is best placed to provide timely protective services to the client or other people.
- For cases of attempted suicide, confidentiality can be broken to ensure the client is referred to necessary services for support.
- Case managers need to be aware of other specialized agencies, e.g. medical and mental health (MH) services.
- If an attempted suicide was not a result of violence you can refer the case to MH services.
- If the attempted suicide was a result of violence, you can provide case management services, assess the case and refer to MH services.

¹⁷ The Gender-Based Violence (GBV) and Child Protection (CP) Case Management Manual]

¹⁸ Minimum Standards for Child Protection in Humanitarian Action. The Child Protection Working Group. Available online at: <http://www.cpwg.net>

¹⁹ General Comment No. 14 (2013) on the Right of the Child to have his or her best interests taken as a primary consideration (art. 3, para. 1). Committee on the Rights of the Children, 2013

²⁰ Facilitator Notes: Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings. IRC / UNICEF, 2012

²¹ Ibid

²² The Gender-Based Violence (GBV) and Child Protection (CP) Case Management Manual

SECTION

4

CHILD MARRIAGE &

MANDATORY REPORTING

Mandatory reporting: state laws which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse).²³

- **Iraqi law states that child marriage is considered a crime** and should be reported²⁴. However, no one shall be sentenced for not reporting a child marriage case. In practice, the court is mostly informed by the concerned people themselves or their relatives or caregivers. The pros and cons of making a report to the authorities should be evaluated in the assessment of the child's situation which takes into account safety planning procedures.
- A lawsuit must be filed in cases of domestic violence (including child marriage), by informing the court, investigator, the official at the police station, or general prosecutor. Also, the health and education authorities and official government centers must report identified cases of domestic violence; **Domestic Violence Law in KRI no. 8 of 2011 Art. 2.**
- Concerning cases of a girl who is a second wife, reports and claims must be submitted by the child herself. The prosecutor, judge, or police officer cannot set the claim in motion according to the **Iraqi Criminal Procedure Code 23 of 1971, Art. 3** which states: "The complaint can only be set in motion on the basis of a complaint from the aggrieved party or someone taking his/her place in law (ie parent, legal guardian, legal representative) in relation to the following offences: adultery or polygamy in contravention of the law of personal status".

²³ Child Protection Case Management SOPs for KRI (2014)

²⁴ Criminal Procedures Law No. 23/1971; Articles 47&48

Mandatory Reporting Rules²⁵

- It is important that clients are made aware of mandatory reporting rules, the types of information which may trigger them (such as a crime has been committed), and the possible consequences of reporting (such as reporting to police and court authorities), **before** beginning an interview.
- All public officials²⁶ (government employees) are required to report misdemeanors and felonies, including incidents of rape, sexual assault and physical assault, according to the Iraqi Penal Code. As such, all government employees should inform survivors of this obligation at the beginning of any interview or discussion with a survivor.
- In this case, a client may choose not to disclose vital information, which is within her or his rights. Services should still be provided according to the information that is shared and in accordance with the wishes of the client.
- Sharing information without the client's consent will result in a loss of trust and will have very negative consequences.²⁷

Steps to Report a Crime in the KRI

Notifying the authorities that a crime has been committed is considered a public right in the KRI and therefore anyone can submit a report to the court stating a crime has been committed. Making a report to authorities should be recommended in the assessment of the child's situation which takes into account safety planning procedures

A written report should be submitted to an officer of the Directorate for Combatting Violence Against Women (DVAW) and investigation court. This will trigger an investigation into the crime; the judge will decide what action to take

Once the court is informed, investigation will start

²⁵ The Gender-Based Violence (GBV) and Child Protection (CP) Case Management Manual

²⁶ Criminal Procedures Law No. 23/1971; Articles 47&48

²⁷ Adapted from: GBV Resource Tool: Establishing GBV Standard Operating Procedures (SOP Guide). IASC Sub Working Group on Gender & Humanitarian Action. 2008.





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DEVELOPMENT OF CASE PLANS

Each case is different and therefore requires a case-by-case assessment. All decisions and procedures should be guided by the principle of best interests of the child. However, the **following general considerations should be assessed**:

- How the child feels about the marriage and what kind of support s/he is looking for;
- Age and maturity of the married child or child at risk;
- Age difference between the child and the adult spouse/fiancé;
- Signs of abuse, neglect, exploitation or violence against the child;
- Duration of the marriage and circumstances surrounding the marriage and/ or elopement;
- Whether the marriage is formal or informal (in some circumstances formalization of the marriage improves the situation of the girl, e.g. entitlement to certain benefits, etc.);
- Possible risks and consequences for the child, if he/she was to be separated from the spouse;
- National legislation relating to the age of marriage and separation/divorce (in country of origin, asylum and potential country of resettlement);
- Existing support for the child outside the marriage; and
- Possible children of young mothers.

Assessments should be based upon **confidential individual interviews by trained GBV or child protection case workers** with the child and members of the child's family. The assessment should take into account the age and maturity of the child, and the views of the child, the child's family and close relationships, the safety of the child's environment, and the child's development and identity needs.

Risk Priority Levels for Child Marriage Cases ²⁹

Type of Child Protection Issue	Very High Risk Level 1 (Recommended response within 24 hours and 2x per week follow up)	High Risk Level 2 (Recommended response within 3 days and 1x per week follow up)	Medium Risk Level 3 (Recommended response within 7 days and 1-2x per month follow up)	Low Risk Level 4 (Consider external monitoring with new referral to CPU if needed)
Child spouses	<p>Child who is married and is below 15 years old, with a baby</p> <p>Child who is married and exposed to an additional protection concern such as a disability, inappropriate care, at risk of or suffering violence, exploitation, neglect, or abuse and with no support from other family members</p> <p>Child under 15 married with elderly man</p> <p>Child at risk of committing suicide because of forced marriage</p> <p>Child who became pregnant as a result of rape and forced to marry</p> <p>Unaccompanied or separated child spouse</p> <p>Child engaged to be married; below 16 years regardless of consent; marriage to occur within 48 hours</p>	<p>Child married or engaged to be married, is under 15 years old who is pregnant</p> <p>Child who suffers neglect from their adult spouse</p> <p>Child has some family support</p> <p>Girl mother with a child with disabilities</p> <p>Child engaged to be married; below 16 years regardless of consent; marriage to occur in less than one week</p>	<p>Child who is married, over 15 years old and is pregnant or has a baby.</p> <p>Mother/family members and child have good relation</p> <p>Child engaged to be married; below 16 years regardless of consent; 16+ and not consenting</p> <p>Child married under the age of 15 years old with no baby</p>	<p>Child who is married, over 15 years old with no baby</p> <p>Significant family support and networks</p> <p>Child to be married; 16+ and consenting to marriage</p>

Assessments of Child Marriage Cases

For ‘very high risk’ and ‘high risk’ cases, the case management plan should incorporate an assessment of the child to best identify the risks facing the child and response. In the refugee context, Best Interest Assessment (BIA) and/or Best Interest Determination (BID) procedures are a tool to determine the child’s best interests for important decisions affecting the child. They are most commonly used for unaccompanied and separated children, and children who are at high risk of, or exposed to abuse, neglect, exploitation, and/or violence.

BIA and BIDs can be conducted for child marriage cases. While BID procedures are usually used for only refugee children, BID type assessments can be used for IDP children, depending on the existing national child protection system and if INGOs/NGOs are facilitating BIDs in KRI/specific governorates. For example, in IDP and host community cases, a BIA/BID type assessment can be conducted within the context of a case conference with a representative from the Department of Labor and Social Affairs (DoLSA). Below is an explanation of when a BIA/BID should be triggered for a child marriage case.

For children who are pre or post marriage, it is recommended that BIA/BID or BIA/BID type process should be considered when a change in care arrangements is necessary to ensure the safety of the child, or to identify durable solutions or decisions on care arrangements. BIA/BID guidelines and SOPs are set out in the Field Handbook for the Implementation of UNHCR BID Guidelines which details the principles, procedures, and timeframes of completing a BIA/BID. BIA and BID procedures can be initiated by the Case Manager, or an individual trained in Child Protection, Children’s rights, and BIA/BID procedures.

Before any action is taken, a safety plan should be conducted to ensure the well-being of child.

Guidelines for Assessment

The steps below outline recommended actions that should be incorporated into an assessment for a child marriage case.

Step 1 Assessment

All responses to child marriage need to be driven by an assessment of risks and the safety of the child. Once the client has consented to services, it is important to assess her risk level, identify existing resources, coping mechanisms and safety. At the beginning of the case management session with the client, the case worker should start by welcoming the child, explaining the case management process, outlining confidentiality and obtaining consent. The case worker should then listen to the clients story, and assess safety, health and other concerns.

The case workers should work with the client to identify all **members of the family** including both the composition of the child’s immediate family (parents/legal guardians, siblings, and others) as well as other relatives regardless of whether or not they are living together. This is important to establishing dependencies and identifying a trusted family member to support the child.

Step 2

Assess the child's current living arrangements, the involvement of each family member in the child's protection situation (both positive and negative). A child may be married to another child or to an adult. The child may be living with only the spouse or with the spouse's family members. Or the child may be living with immediate family members (e.g. parents/legal guardians and siblings).

Protection concerns that may arise as result of family compositions:

- When the **child is married to another child**, they may face significant barriers to obtaining the legal protections guaranteed to children under international law once they marry, and they may face social and economic challenges in being able to secure livelihoods or education.
- The child will be at risk of rape and may also be at risk of other forms of violence and abuse, particularly where the **child is married to an adult** due to the adult's relatively greater power in the relationship.
- Where a child is living with her/his own family members or the spouse's family members, the **child may be at risk of exploitation or abuse** or violations of human rights, particularly where the family members were actively involved in arranging the marriage or forcing the child to marry or where money was exchanged for the marriage of the child.

Step 3

Interview trusted adult family members and the child separately to determine the child's protection situation and provide information to the family members of the negative consequences of child marriage on the health and well-being of the child.

Step 4

Assess the challenges related to child marriage that can have an impact on the child's protection situation.

Step 5

Assess the **circumstances that led to the child's marriage**:

- who initiated or arranged the marriage and who in the family is supportive or against the marriage;
- each family member's role in the marriage;
- the reasons for initiating the marriage; and
- the marriage ceremony itself (legal and cultural context).

Step 6

Address the child's **physical, psychological, social, and legal needs**, particularly those arising as a consequence of the marriage:

- **the child's current living arrangement** (such as whether the child is living only with the spouse, with her/his immediate family, or with the extended family) and any protection considerations relating to these relationships;
- **the age of the child and the age of the child's spouse** and any protection considerations arising from their respective ages and difference between their ages;
- the **child's relationships** with foster parents/siblings/caregivers/other family members and any protection considerations arising from these relationships;³⁰
- whether the child is pregnant or has a child;
- any risks to the **child's safety from physical violence**, including rape;
- any risks to child's physical health;
- **the views of the child** should be primary consideration when assessing the needs and risks of the child. For example, does the child want to be married?

*Child marriage may result in **early pregnancy**, which poses severe health risks for adolescent girls, including fistula³¹, obstructed labor, and maternal death. Complications resulting from pregnancy and childbearing are the worldwide leading causes of death for 15-19-year-old girls. There are also health risks for the infant, as an infant's chance of death in its first year of life is 60 per cent higher when the infant is born to a mother under the age of 18 years old³².*

- the child's access to protective and supportive family or community networks;
- the child's emotional maturity, development and wishes;
- the child's **access to education** and record of school attendance;³³
- whether the **marriage is considered legal**

Child marriage affects the physical, emotional, and psychological development of girls. The removal of a girl from her home for purposes of child marriage often results in the removal of the girl from school, rape in the form of forced intercourse with her husband, and increased risk of domestic violence and contraction of HIV/AIDS.³⁴

30 Committee on the Rights of the Child, CRC General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child, 2003, CRC/GC/2003/4, para. 20, <http://www.unhcr.org/refworld/docid/4538834f0.html>

31 A fistula is a rupture of the tissue that results in an opening between the vagina and the bladder or the rectum, or both, which can only be repaired by surgery. It can result from pregnancy at too early an age and from rape. As most women and girls of concern do not have access to surgery, the impact on their lives is devastating. They become incontinent and are often isolated and marginalized by their families and communities. UNHCR, note 8 above, p. 272.

32 OCHA/IRIN, Broken Bodies, Broken Dreams: Violence Against Women Exposed, 2005, pp. 64–68. <http://www.irinnews.org/InDepthMain.aspx?InDepthId=59&ReportId=72831>

33 *ibid*

34 UN Human Rights Council, Report of the Special Rapporteur on the Human Rights Aspects of the Victims of Trafficking in Persons, Especially Women and Children, note 5 above, para. 22, <http://www.unhcr.org/refworld/docid/461e3cc22.html>

Step 7

Identify protection interventions, including durable solutions for the child.

- Protection interventions should address:
 - o any factors that led to the child's marriage;
 - o any current physical, psychological, social, and legal needs of the child;
 - o the potential protection situation of the child in current location; and
 - o the child's right to family unity.

The assessment of child and case plan should include recommendations addressing:

1. whether the marriage is in the child's best interests
2. interventions to either delay, dissolve or certify the marriage

Note: When there are clear indications of risks or signs of abuse, neglect, exploitation or violence and the child is at imminent risk, measures should be taken to ensure the safety of the child, e.g. through referral to a safe house. An assessment, such as the Best Interest Determination (BID), needs to determine if the "care situation" is in the best interests of the child. Married children often lack the care, protection and support of their parents and therefore may be more at-risk compared to children that are not married. A BID or other suitable assessment may be necessary to determine what intervention is least harmful for the child.

Below is a list of possible activities and interventions that should be in place to respond to child marriage cases. The response has to be holistic and involve various service providers:

- Provide educational opportunities
- Provide case management and follow up according to the vulnerability criteria
- Provide age appropriate psychosocial support (youth groups support)
- Provide economic and reproductive health services
- Provide information to child mothers (mother-toddler sessions)
- Legal assistance and representation in obtaining birth registration, marriage certification and when appropriate in family law matters;

Understanding a Child's Social Resources (Social Mapping)

An assessment of a child's circumstances and resources should also include working with the child to map her support persons. This might include:

- Working with the child to try to identify an adult in her/his family or close to her/his family whom the child trusts and with whom the child could safely share feelings about the marriage.** The caseworker can role-play with the child, how the child would speak to this person, what s/he would say, etc. It's important the caseworker thoroughly assesses risks that may be involved in the child sharing feelings with this person (e.g. How will this person react? What would happen if family members knew that s/he spoke to this person?). Help the child think through when s/he will have the conversation with this person. And identify a time and place that you can follow-up with the child to check-in about the conversation.
- Identify any respected community leaders or people close to the family** who support delaying or stopping the marriage and feel comfortable speaking to those in the family with decision-making power. Be sure to discuss any unintended consequences of such an intervention with the caregiver—(i.e. thinking through what the potential negative reactions may be that could result in more harm, how to react to this potential reactions, etc.).
- Working with the child to identify where s/he can find a social network of other children their age.** This might include introducing the child to services like a Child Friendly Space, local schools or services for women that have activities for adolescent children. It might also be as simple as encouraging the child to engage/re-engage with family members and help the child plan time so that being socially engaged becomes a priority.

Once the case worker has worked with the child to understand her social networks the case worker might choose to engage supportive adults in one on one sessions, or with the child present and always with the child's consent, in order to further inform them about the consequences of marriage and encourage them to think about how they can keep the child healthy and safe. These conversations might help the case worker to better understand the circumstances influencing the decision to marry the child at an early age. Addressing these circumstances might be important to the development of a case plan for the child.

Safety Planning

In addition to mapping out supportive resources, work with the child to assess the level of safety in the child's current or future situation building on safety and coping mechanisms in place already. You can use the following questions to determine what the client currently has in place for safety and what you need to further identify.

On a scale of 1 to 5 (with 5 being perfectly safe and 1 being not safe at all) how safe do you feel in your home?



1

2



3

4



5

Below are suggested questions to ask the child to identify safety risks:

- Can you tell me about some of the times when you feel unsafe?
- Is there violence from other family members or from the intimate partner?
- Whom do you trust?
- Do you go to school?
- Where do/would you go if you were in danger? *Help the child to think of at least one safe place s/he can run to in an emergency. When appropriate, these arrangements can be made ahead of time, especially if the safe place is an organization such as a CFS, health clinic or shelter.*
- What local authorities or police might you involve, and under what circumstances would you involve them? *Depending on the age of the child, it may be appropriate if the child decides on a point at which s/he would like to report the perpetrator and involve authorities.*
- What financial resources do you have? What material resources do you have?
- If you have to leave, what will you bring? *Consider important documents, clothing, food, and money and how it will be moved.*

Note: As the child begins to identify potential responses and resources, help the child to plan exactly what s/he would do in any potential threatening situations.

PRE MARRIAGE INTERVENTION

Children at risk of child marriage should be informed of their rights and the legal and public structures that can support them. Ultimately, the main aim in the interventions for girls who are engaged is to delay the marriage at least until she is 18 years of age.

Delay Marriage

- For girls who are identified as engaged to be married or report to Child Protection or GBV actors their engagement to be married, it is crucial to initiate case management services as soon as possible with the consent of the child (when appropriate). Once the girl is registered with a case management service provider an action plan to delay the marriage should be considered with child and family.

Target Female Family Members

- A reliable and trusted individual within the family should be identified by the child with whom the Social/Case workers can also engage on the risks and legal repercussions of child marriage. Further, where immediately necessary, community leaders or local authorities may be consulted as long as principles of confidentiality are respected.
- Social/Case workers should target female family members to be engaged on issues associated with child marriage including both physical and psychological repercussions.
- Physical: engage trusted (preferably female) family members on the physical risks of underage sexual activity and early pregnancy, including the awareness raising activities above mentioned.
- Psychological: engage trusted (preferably female) family members on the psychological risks of forced child marriage or a 'loveless marriage' as married boys and girls are liable to many psychological problems for both partners within a forced marriage or a loveless marriage.

Target Male Family Members

- Marriage under the age of 18 (16 years with consent of judge) is illegal in KRI and therefore the legal imperatives serve as a strong foundation for intervention with male family members. The Social/Case worker should actively engage boys and men on the risks of child marriage and the legal and criminal repercussions see **Iraqi Personal Status law 188 of 1959 Art. 7, and the Domestic Violence law in KRI no. 8 of 2011 Art. 2.**

girl is actively engaged her priorities and self-worth are reinforced, further she will be subtly exposed to the realities of looking after younger children and the great responsibilities it entails.

Cash Assistance and livelihoods

- **Cash assistance and livelihoods support** can provide a much needed lifeline to vulnerable households including GBV survivors, and those at risk of GBV to meet basic needs and protect from negative coping strategies, exploitation, abuses and GBV. Cash assistance can be utilized as a preventative or response to child marriage.

- For example, educational participation is an important preventive strategy for child marriage, if children are out of school and at risk of child marriage. If the underlying reason for the child marriage is economic, the provision of cash assistance to families can enable child's access to resources including transport and supplies so they can attend school and reduce the likelihood of child marriage. In addition to cash assistance the family should be referred to livelihoods and employment programs.

Psychosocial Support, Recreational Activities and Non-formal Education

- Children who are engaged to be married and receiving case management should be actively encouraged to remain enrolled in school (or re-enrolled) and to participate in Child Friendly and Youth Friendly spaces. The girls should be encouraged to participate in varying activities including peer to peer activities and teaching activities. This has a two-pronged result, as the girl is actively engaged her priorities and self-worth are reinforced, further she will be subtly exposed to the realities of looking after younger children and the great responsibilities it entails.





SECTION

POST MARRIAGE INTERVENTION

Children who are already married are often marginalized during campaigns to raise awareness about child marriage or prevent child marriage as much of these efforts focus on negative repercussions of child marriage for the girl, neglecting the role of boys and men in the prevention of child marriage.

Therefore, the response needs to focus on supporting children, both boys and girls, who are already married through providing psychosocial support, awareness raising, non-formal education and access to more specialized medical support if necessary.

The aims of the intervention should be in line with the following points:

Awareness Raising on Health, Relationships and Housekeeping

- **Reproductive health:** married girls and boys should be engaged by Social/Case workers on reproductive health in a non-judgmental and confidential manner. Married children should ultimately comprehend the risks of early pregnancy, the risks of sexually transmitted diseases, consent and have a clear understanding of sexual and reproductive health.
- **Healthy relationships:** married girls and boys should be encouraged to have a trusted and trusting relationship with adults whom they consider role models who can provide support and engage the children on related issues. Further, Social/Case workers should engage the married children on what a “healthy relationship” means, conflict resolution, consent and how to identify individuals, community service providers and public services who can provide support or intervention when necessary.
- Married girls should be actively encouraged to participate in ‘Girls Clubs’ or ‘Youth Clubs’ in which they can freely express their feelings, share their experiences and both gain and provide peer to peer support.
- **Housekeeping:** for both the married child/children and for those who are supporting them, it is necessary to at once acknowledge the realities of the situation whereby girls are more likely to remain at home and to be responsible for cooking, cleaning and child bearing. Therefore, Social/Case workers should engage both girls and boys on how and why it is important to share these duties in a supportive, consensual and mutual manner

Note: Awareness raising activities should not be isolated to married girls, but to boys and men, girls and women and be community based.

Family Planning

- Married girls should be actively engaged on reproductive health and the risks of early pregnancy. In order to facilitate a non-judgmental environment, married girls should be able to raise their own fears or feelings about pregnancy and to have free access to important information either through available resources or through sessions with the Social/Case worker or in peer to peer groups.
- Ultimately, married girls should be encouraged to delay pregnancy through having a clear understanding of the risks and repercussions of early pregnancy, the positive aspects of delaying pregnancy and to continuously engage on what her own aspirations or ambitions are and if an early pregnancy is in line with her own wishes. Where appropriate, Social/Case workers should encourage married girls to open the conversation with their husbands and support them in how to negotiate safer sexual practices and delaying pregnancy.

Activities Participation in Vocational and Recreational

- Married girls and boys should be actively encouraged to register at Child and Youth Friendly Spaces to gain access to recreational activities, formal and non-formal education and available vocational trainings. Concurrently, they should be encouraged to attend formal education wherever possible.
- Through access to vocational, educational and recreational activities, married girls are at once able to participate in age-appropriate activities and to build their capacity toward their aspirations and ambitions. For both married boys and girls, it is crucial that they can retain a sense of normality and engage with children of a similar age.

Access to Appropriate Legal Support

- The Best Interests of the Child must be paramount in the planning and implementation of post-marriage intervention.
- If the marriage has not been formally recognized by a Court, the Social/Case Worker can explore the possibility of engaging the family in dissolving or delaying the marriage with the child and trusted family members, based on the legal repercussions of an illegal marriage, and the risk of early pregnancy.
- If the child is above 16 and the risk to the child is higher if the marriage is dissolved or delayed, the Social/Case Worker should provide support to access legal assistance and representation to certify the marriage, limiting the risk of social and economic harm and affording greater legal protection to the child. If the child is at immediate risk of harm or there are signs of abuse, neglect, exploitation or violence, child protection referral pathways should be followed and appropriate authorities informed, see the Domestic violence law in KRI no. 8 of 2011 Art. 2.

For further information, reference ANNEX II: Scenario on Post Marriage Intervention

MARRIED PREGNANT CHILD

INTERVENTION

Access to Appropriate Medical Care

- Pregnant girls identified by child protection actors should immediately be provided with case management services through which they are able to access medical care for both themselves and their child. With the consent of the child, Social/Case workers should make referrals to either public or non-governmental health care service providers for the child to receive periodic examinations. The Social/Case worker may need to accompany the girl to her appointments where necessary.

The aims of the intervention should be in line with the following points:

- Raise awareness on reproductive health, healthy relationships, raising children and 'housekeeping'.
- Delay the next pregnancy through continued case management and psychosocial support through the Child Friendly and Youth Friendly spaces as well as women's spaces.
- Provide periodic and ongoing one on one support for the girl.

Access to Appropriate Legal Support

- According to the **Personal Status Code 188 of 1959, Art. 51** the birth of a child will not be registered if the parents are not legally married. When providing case management services to a married pregnant child in which the marriage has not been legally recognized, the Social/Case Worker should support the child and spouse through the marriage certification process.
- If the child is in a legal marriage, the Social/Case Worker should support the child to access legal assistance and representation for birth registration and family law matters.
- If the child is at immediate risk of harm or there are signs of abuse, neglect, exploitation or violence, child protection referral pathways should be followed and appropriate authorities informed, see the **Domestic violence law in KRI no. 8 of 2011 Art. 2.**





LEGAL FRAMEWORK IN KRI

Below outlines the relevant laws applicable to child marriage cases. The legal aspect should be incorporated into all case plans for child marriage cases.

Legal Age of Marriage

- Legal age of marriage as defined by **the Iraqi Personal Status law 188 of 1959 Art. 7** is 18 years old “In order for the marriage to be valid, the two parties to the contract should be sane and have reached 18 years of age”.
- In **the amended Personal Status law in KRI no. 15 of 2008 Art. 5**, a person who completed 16 years old of age can marry in the court with the judge’s consent. As stated in the law: “If a 16-year-old person asks to be married, the judge can authorize the marriage if the eligibility and physical ability of the person in question was established and approval received from the legal guardian. If the guardian abstains from responding, the judge calls upon him to state his agreement during a defined period. Thus, if the guardian does not object or if s/he submits an objection that is unworthy of consideration, the judge shall allow the marriage”
- **Iraqi Personal Status code 188 of 1959 Art. 8** states: “The judge can authorize the marriage of a 15-year-old person if the judge determines the marriage is an urgent necessity. Giving such authorization is also conditional upon the attainment of legal puberty and physical ability.”

Penalties

- Child Marriage is considered an act of domestic violence according to **the Domestic Violence law in KRI no. 8 of 2011 Art. 2**. According to **Art. 7** of the same law, any person committing the act of domestic violence (including child marriage) will be punished by imprisonment with a penalty ranging from 6 months to 3 years and/or a fine of 1 to 5 million Iraqi dinars.
- Anyone who contracts a marriage out of the court, shall be fined with 1 to 3 million Iraqi dinars, or, shall be imprisoned for a period of 3 to 5 years, **Act No. 15 of 2008 The Act to Amend the Amended Law No. (188) of the 1959; Personal Status Law, in Iraq Kurdistan Region, Art. 7** which states “Any man who concludes his marriage contract outside the court is punished with a fine varying between 1 to 3 million Iraqi dinars. If he concludes another marriage outside the court when he is already married, the imprisonment penalty shall range between a minimum of three years and a maximum of five years.”

Age of Consent

- **Consent about marriage:** the judge will always ask the child if she was forced to marry or if it was with her consent. If it was with her consent (even if child is 11 years old) and the marriage was consummated then the judge will punish either with a fine or imprisonment of the husband, then legalize the marriage. If she was forced, then the judge will refer the case to DVAW as a crime according to DVAW laws. The DVAW court judge will rule on the legal separation of the spouse based on her request, according to **Art. 40 of the Personal Status Law 188 of 1959, which states:** “Both spouses have the right to ask for separation for any of the following reasons: 3) If the contract of marriage was concluded before one of the two spouses has completed 18 years of age, without the consent of the judge, 4) If the marriage was concluded outside the court by coercion, and marriage was consummated.”

- **Forced Marriage:** the Act No. 15 of 2008 The Act to Amend the Amended Law No (188) of the year 1959; Personal Status Law, in Iraq Kurdistan Region, Art. 6 “1. No relative or non-relative has the right to force marriage on any person, whether male or female, without their consent. The contract of a forced marriage is **considered void** if the marriage is not yet consummated. Even if the marriage is consummated, the contract shall be suspended. Moreover, none of the relatives or other people has the right to prevent whoever is eligible for marriage from being married by virtue of the provisions of this marriage law.”

- A first degree relative who breaches the provisions of paragraph 1 of this article shall be sentenced to two to five years [minimum of two years and maximum of five years]. If the person who breaches this provision is not a first degree relative, he shall be sentenced to an imprisonment term varying from a minimum of three years to a maximum of ten years.

Role of Governmental Institutions

- Ministry of Labor and Social Affairs (MoLSA) have the responsibility of providing shelters for the victims of domestic violence; **Domestic Violence law in KRI no. 8 of 2011 Art. 3.**

- Ministry of Health (MoH) (in coordination with MoLSA) provides health care and rehabilitation of the victims; **Domestic Violence law in KRI no. 8 of 2011 Art. 3.**

- Directorate of Combatting Violence against Women (DVAW) specializes in pursuing cases of domestic violence; **Domestic Violence law in KRI no. 8 of 2011 Art. 3.**

Birth Registration and Marriage Ratification of a Pregnant Child

• A birth of a child will not be registered unless the parents are legally married; **Personal Status Code 188 of 1959, Art. 51**: A woman's child is regarded as the descendent of her husband based on the following two conditions:

1. The duration of the marriage is at least as long as the duration of the pregnancy.
2. Intercourse between the two spouses is possible.

• Marriage and paternity will be proved through acknowledgement of both spouse; if the husband is missing or unwilling to acknowledge then the wife can prove marriage and paternity by evidence; **Personal Status Code 188 of 1959, Art. 52**: "If the acknowledging parent is a married woman, or a woman in her iddat (waiting period – approximately 3 months), the kinship of the child to the husband will not be established unless the latter believes her or through evidence." The evidence can be two witnesses and it is according to **the Iraqi Civil Evidence Law no. 107 of 1979**.

• Witnesses have to be over 18 years old (when the marriage was conducted), they have to swear to God before the judge, and they have to say that they know that both spouses are married, were living in the same place, etc. as per the Iraqi Civil Evidence Law no. 107 of 1979. Woman and men can both be witnesses, according to the **amended Personal Status Law of KRI no. 15 of 2008, Art 3** "....d) Testimony of two witnesses having the qualification of legal competence, who have to bear witness for the marriage contract, in this paragraph men and women are equal."

Divorce

• **Iraqi Personal Status Code Number 188 of 1959, Article 39** states: "Whoever wants to have a divorce must file a law-suit in the Shari'a Court requesting divorce and a sentence to that effect. If it is difficult for him/her to go to court, he/she must register the divorce in the court within the period of iddat (waiting period)"

• When the husband files a divorce lawsuit he must provide financial care for the wife, as the amended **Personal Status Law in KRI no.15 of 2008, Art. 17 states**: ".... 2). The husband shall be obliged to put a sum of money in a special family care fund with the court when he files a lawsuit for divorce."

• **Arbitrary Divorce: amended Personal Status Law in KRI no.15 of 2008, Art. 17** states: "If the husband divorces his wife and the court finds out that the husband is arbitrary in divorcing her and the wife is harmed because of it, the court shall rule based on the [legal] suit that the wife files that her husband has to pay a compensation that is proportionate to [commensurate with the divorce lawsuit] her financial status and the extent of his arbitrariness and severity. It shall be estimated to be an entire sum that has not be less than her alimony for a minimum of 3 years and a maximum of 5 years, in addition to her other fixed rights"

• The Kurdistan Regional Government shall be committed to taking care of divorces for woman that do not have monthly income and it allocates a monthly income for her until she finds a job or remarries; amended **Personal Status Law in KRI no.15 of 2008, Art. 17**

Alimony

- According to **The Right of the Divorced Woman to Accommodation Law no. 77 of 1983**, a woman has the right to stay in her husband's house after divorce for 3 years.
- A woman has the right to temporary alimony depending on the judge's decision while the divorce lawsuit is in motion according to the **Personal Status Law no. 188 of 1959, Art. 31** which states: "1. During the proceedings of the alimony lawsuit, the judge has the right to decide on a temporary alimony for the wife to be paid by the husband, and the decision shall be implemented immediately."
- If the husband left his wife without paying the alimony or he is missing, then the social care fund will pay her the alimony; **amended Personal Status Code in KRI no. 15 of 2008, Art. 11** which states: "If a husband leaves his wife, disappears, or if he is missing or jailed, leaving his wife without alimony, the judge shall rule for payment of alimony for her from the date when he is absent, the social care fund shall pay her an estimated alimony."
- In case if the wife is financially capable, and based on her agreement the alimony can be shared between her and her husband; **amended Personal Status Code in KRI no. 15 of 2008, Art. 8** which states: "The wife is entitled to alimony from the husband, but if the wife is financially capable, the wife's alimony shall be shared between them provided that the wife agrees on this."

Courts Responsible for Child Marriage Cases

Notifying authorities that a crime has been committed is considered a public right in the KRI and therefore anyone can submit a report to the court stating a crime has been committed. Once the court is informed, investigation will start. Below are the different courts in KRI handling child marriage cases.

- Personal Status Court (for Muslims), or Civil Status court (for the non-Muslims)
- Investigation Court
- DVAW court

Note: If domestic violence was identified by the personal status court then the judge will refer the case to the investigation court; if there was evidence of domestic violence the case will be referred to DVAW and Domestic Violence Law no. 8 of 2011 will be applied depending on the case. If it is a case of marriage/divorce ratification then DVAW will refer the case again to the personal status court.

Foreigners Residency Card

National and regional (Iraq / KRI) laws with regards to child marriage apply to foreign nationals. The only distinction is that foreign nationals are required to provide a residency document for any legal action related to child marriage (i.e. legalizing marriage, proof of paternity, custody, divorce and alimony). This includes Syrian, Iranian and Turkish refugees according to the law on **Foreigners Residence No. 118 of 1978**.

Note: Palestinians are treated the same as Iraqi nationals with respect to the laws of child marriage according to the Lease law no. 87 of 1979 (i.e. they are not required to provide a residency document to file a lawsuit).





ANNEX I: Scenario on Pre Marriage Intervention

Case Summary

13 year old Layla was living with her married sister, one younger sister and one older brother in a tent in a camp. It was at this time that Layla was engaged to be married, in a form of exchange wherein she would marry an older man whose sister would marry Layla's older brother. Her fiancée did not allow the girl to attend school and insisted she was to stay at her sister's tent until the wedding took place. Thereafter, she would live with the older man.

Assessment

The girl showed signs of severe psychosocial distress including frequent crying, depressive thought patterns, self-isolation, loss of interest in social activities and recreational activities. She found it difficult to think of anything other than the impending marriage and was fearful. She did however display signs of hopefulness that with support she would be able to have her engagement dissolved.

Risk Factors

Child Marriage – at risk of violence, abuse and exploitation
Psychosocial Distress
Denied access to formal and non-formal education

Intervention/Actions Taken

** In line with the general strategy for risk reduction.*

Identified a reliable and trusted person within the family: married older sister.

Target (female) family member with the issues associated with child marriage: Engaged the older sister on the status of her marriage which was revealed to be a child marriage. Discussed her subjective experience to better understand the issues she believed could face her young sister.

Physical risks - the physical effects of sexual activity and pregnancy on the girl's body: Discussed sexual and reproductive health in plain speech in the presence of her older sister with consent. Discussed the options of “waiting until you feel ready” and opened conversation on delaying the wedding.

Psychological problems: Engaged the child on the way she was feeling and how she could deal with her feelings (coping mechanisms), in extension envisioning the future as a married girl and how she felt about the wedding and her life as a wife. Engaging the older sister on the signs of distress identified by the Social Worker and explaining the risks within a forced marriage or a loveless marriage, in which there are liable to be many psychological risks for the child.

Target male family members with the legal issues: Engaged the married older sister, her husband and the younger brother in coordination with UNHCR legal representatives and discussed the legal limitations/repercussions. Further, the older members within the family were referred for livelihood opportunities and the sister's husband was therefore able to obtain gainful employment.

Encourage participation in different activities: The child was registered in the Youth Friendly Space (YFS) and registered with the Child Protection Unit (CPU) Youth Club, further the older sister was encouraged to participate in the sewing classes.

Encourage registration at school: in cooperation with the School Manager and ongoing discussion with the older sister, the child was re-registered in the school.

On-going Psychosocial Support: The child was provided with psychosocial support through the YFS, CPU and CPU Youth Clubs.

Inform the girl about her rights as a child: The child and her family were informed of the rights of the child on an ongoing basis.

Result of the Intervention

With the support of her family, the child's engagement was dissolved and at the same time the 'exchange' marriage was therefore dissolved. The child's relationship with her older sister and her sister's husband was strengthened. She was attending school and the YFS, socializing with children her age and providing peer support to young girls. Follow-up on case continues.

ANNEX II: Scenario on Post Marriage Intervention

Case Summary

16 year old Sumaya was recently married and living with her older husband, his brother and their family in a tent. The husband's brother and his wife would exploit and abuse the child.

She was isolated from her peers and was physically and emotionally abused by her husband. She was no longer allowed to attend school or leave the tent. While her mother lived nearby, she was not allowed to have any contact with the child and her two other daughters had been recently married.

Assessment

The child showed severe signs of psychosocial and psychological distress. She was isolated, fearful, frequently crying and had lost hope. She believed she had no way of escape and felt resigned to the situation.

Risk Factors

Psychosocial distress
Signs of physical abuse
Isolation and lack of access to education and freedom of movement
Little awareness of sexual and reproductive health

Intervention/Actions Taken

Delay pregnancy: Engaged the child on pregnancy and reproductive health, mutual consent, negotiating safer sexual practices and waiting to fall pregnant until she felt ready (encouraging her to delay until she was at least 18 years of age).

Target male family members regarding legal issues: Domestic violence is illegal under the Domestic violence law in KRI no. 8 of 2011 Art. 2 (pg19). The husband was informed of the relevant law and legal repercussions of perpetrating violence towards the child. Further, the husband was engaged in awareness raising on the effects of physical and emotional abuse, and supported to practice healthy communication techniques within the marriage.

Raise awareness about reproductive health, relationships and housekeeping: Encouraged the child to participate in awareness activities at the YFS but as she was not allowed to leave the tent; therefore, sought permission from the husband for Social Workers to conduct tent visits in which the awareness raising activities took place.

Reproductive health: Identified the mother of the child and engaged her on the dangers of pregnancy for young girls. Encouraged her to build a trusting relationship with her daughter's husband and to slowly gain access to the child and encourage the husband to allow the child out of the tent to visit the YFS.

Relationship building: Engaged the child on conflict resolution, building strong trusting relationships, mutual respect and consent. Further, engaged with both the child and her husband as a married couple who can support each other and have a positive future with mutual commitment.

Encourage participation in different vocational and recreational activities: Engaged the family members on the positive aspects of the child registering in the YFS with a specific emphasis on vocational trainings.

Results of the Intervention

The situation for the child improved, her husband allowed relatively more freedom of movement and for the child to contact the Social Workers when she felt she needed to. She was motivated to consider her future and the ambitions she could still pursue through awareness raising activities, vocational training opportunities and trust building exercises with her family and her husband.

Both the child and her husband recognized the risks of early pregnancy and agreed to delay the pregnancy, with the support of the child's mother. The relationship between the mother and the child's husband significantly improved overtime, however the Social Worker needed to continuously follow up with the child and monitor the situation.

ANNEX III: Scenario on Married Pregnant Child

Case Summary

17 year old Fatima was three months pregnant. She had a positive relationship with her husband, living together in his tent but did not feel supported or valued. The husband, unemployed, could not afford to financially support Fatima or their child. The husband was unable to provide food, clothing or pay for medical care for the child. Fatima had not yet received medical support in the three months of her pregnancy, was feeling unwell, isolated and unable to cope with the situation or the thought of caring for a young child. She was doing a large amount of tiring housework and was experiencing pain and discomfort

Risk Factors

Pregnancy and lack of medical support
Financial insecurity
Lack of access to education
Lack of awareness on sexual and reproductive health and 'house-keeping'
Little support from the husband and his family

Intervention/Actions Taken

Periodic medical examinations: Social workers engaged the child and her husband on the importance of medical examinations and support and provided support in gaining access to health service providers. Social Workers accompanied the girl to her medical appointments and engaged the family on how they could support her during the pregnancy and once the child was born.

Raise awareness about reproductive health, relationships, housekeeping and child-raising: during tent visits social workers collectively engaged the family in appropriate awareness raising activities on how the men or women in the family could each support the married couple during pregnancy and once the child was born. The Social Workers engaged the child and female family members on reproductive and sexual health awareness. The child was engaged on mutual consent, sharing duties and negotiating potential conflict situations and conflict resolution.

Prevent the next pregnancy: during tent visits, the child was engaged on the risks of having closely consecutive pregnancies and how to adjust to motherhood and taking on a parenting role with her husband. The child was encouraged to delay the next pregnancy and to continuously consider her options and ambitions.

Results of the Intervention

The child's situation improved, however the risk factors remained concerning. She was more aware of her situation and how to cope with the greater responsibilities and changes in her life. The relationship with her husband became more mutually supportive and the family became increasingly more interested in supporting the married couple. Follow-up on case continues.

ACRONYMS AND KEY TERMS

BIA	Best Interest Assessment
BID	Best Interest Determination
CFS	Child Friendly Spaces
CPU	Child Protection Unit
CRC	Convention on the Rights of the Child
DoLSA	Department of Labor and Social Affairs
DVAW	Directorate for Combating Violence Against Women
FHH	Female Headed-household
GBV	Gender-based Violence
IDP	(Internally Displaced Person(s
INGO	International Non-governmental Organization
KRG	Kurdistan Regional Government
KRI	Kurdistan Region of Iraq
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
NGO	Non-governmental Organization
Psychosocial Support (PSS)	Term encompassing a wide range of strategies to respond to psychological, emotional, social and spiritual needs of children and adults. Psychosocial support needs to be based on a clear understanding of the culture and should not assume that Western approaches (e.g., individual counseling) are always appropriate
Separated child	Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. Separated children may, therefore, include children accompanied by other adult family members
SGBV	Sexual and Gender-based Violence
SOP	Standard Operating Procedures
Survivor	Description of an individual that has lived through an incident of (S)GBV
Unaccompanied child	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund





Child Marriage Interagency Guidance Note prepared by



Save the Children

