RESPONSE TO AND REPARATIONS FOR CONFLICT-RELATED SEXUAL VIOLENCE IN IRAQ

THE CASE OF SHIʿA TURKMEN SURVIVORS IN TEL AFAR

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Cover Image
The remains of the Shi’a Ahl al-Beit mosque in Tel Afar, which was destroyed by IS.

Credit: Guley Bor

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Response to and Reparations for Conflict-Related Sexual Violence in Iraq: The Case of Shi’a Turkmen Survivors in Tel Afar

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Abstract

Conflict-related sexual violence (CRSV) has been widespread in Iraq during the most recent Islamic State conflict. Thousands of Yazidi and hundreds of Shi’a Turkmen women and girls were subjected to various forms of CRSV, including sexual slavery and forced marriages. Survivors need, demand and have a right to emergency responses as well as reparations. However, an overview of the situation of Shi’a Turkmen survivors who returned to Tel Afar demonstrates how the Government of Iraq’s inaction, together with its discriminatory laws and practices, continue to fail women, and survivors in particular. Shi’a Turkmen survivors must be provided with timely, comprehensive and survivor-centric medical, legal, economic services and mental health and psychosocial support (MHPSS), while community-oriented programmes must address the high levels of stigma to which survivors are subjected. To address the medical, psychological and social harms arising from CRSV, complex reparation programmes (both urgent and comprehensive) should be designed and implemented through effective survivor consultation, by ensuring that all survivors are included in their scope. While the recent reparations bill is a step in the right direction, Iraq is in urgent need for wider reform in addressing sexual violence and ensuring its non-repetition.
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Executive Summary and Recommendations

Conflict-related sexual violence (CRSV) crimes committed by the Islamic State (IS) against the Shi’a Turkmen in Tel Afar have remained largely invisible, translating into insufficient response. Despite the emergency nature of CRSV, none of the survivors who returned to Tel Afar have received specialised medical or psychosocial care. Survivors are subjected to high levels of stigma and live in poverty with no financial support. None of the survivors filed complaints on CRSV crimes committed against them; even if they did, Iraqi laws are inadequate and discriminatory, and the judiciary lacks the capacity to handle such cases.

Upon return, Shi’a Turkmen survivors should be provided with timely, comprehensive and survivor-centric medical and psychosocial care, as well as financial support. Community-focused interventions should be implemented widely to alleviate stigma. Laws should be amended to reflect international standards and perpetrators should be prosecuted. In terms of reparations, survivors should be provided with shelter, compensation, medical and psychosocial support, community-oriented programmes to alleviate stigma, and family members should be rescued from captivity.

These recommendations seek to address the situation of Tel Afar’s Shi’a Turkmen survivors.

To the Government of Iraq (GoI):

1. Compile data of missing Shi’a Turkmen women and girls, in and around Tel Afar as well as other Shi’a Turkmen populated towns and cities;

2. Put into effect rescue efforts, including reimbursement of costs paid by family members, to ensure safe return of Shi’a Turkmen women and girls still in captivity;

3. In cooperation with the UN Investigative Team to Promote Accountability for Crimes Committed by Da’esh/ISIL (UNITAD), collect, analyse and preserve evidence related to instances of CRSV which amount to international crimes against Shi’a Turkmen;

4. Ensure prosecution of CRSV crimes by adopting a zero-tolerance policy towards CRSV;
   a. Revise provisions of the Iraqi Penal Code on sexual violence to reflect international standards;
   b. Provide protective measures to survivors to ensure their safety and wellbeing;

5. Urgently provide protection and survivor-centric services for survivors of CRSV in Tel Afar, including medical, MHPSS, legal and economic services, by keeping in mind issues surrounding stigma and accessibility;
   a. Provide unimpeded access to treatment of injuries or diseases resulting from CRSV, safe and legal abortion, and counselling about treatment and follow-up visits, delivered by trained staff at a fully functional medical facility with the necessary resources;
   b. Offer MHPSS to all survivors and if necessary, refer them to specialised mental health care providers for treatment for mental disorders and follow ups in line with the MHPSS intervention pyramid;
   c. Put in place accelerated and simplified procedures for survivors in Tel Afar for obtaining lost, damaged or expired civil documentation;
   d. Reinstate the *Bataqa* programme for Yazidi survivors; include survivors from other communities in its scope as well as in the scope of the one-off payment;
6. Undertake community-oriented programmes and advocacy efforts with religious and tribal leaders to alleviate stigma;

7. Officially recognise the Shi’a Genocide and the CRSV crimes committed against Shi’a Turkmen women;

8. Keeping in mind the possible transformative effect of reparations, grant urgent interim and comprehensive reparations to all survivors of CRSV, regardless of ethnicity, sect, religion, gender identity, or perpetrator who committed the crime;
   a. Expand the definition of survivor in the draft reparation bill to include all survivors;
   b. Explicitly recognise and list CRSV crimes in the bill;

9. Effectively consult survivors of CRSV in mapping, designing, implementing, monitoring and evaluating responses and reparation programmes;

10. Repeal Articles 417 (abortion), 128 (honourable motives), 41 (punishment of wife by husband) and 398 (impunity for perpetrators of rape) of the Iraqi Penal Code.

To international and non-governmental organisations:

11. Support the Government of Iraq in providing medical, MHPSS, legal and economic services to Shi’a Turkmen survivors of CRSV in Tel Afar;
   a. Undertake capacity building activities that include gender equality and sexual and gender-based violence sensitivity trainings for all professionals as well as specialised trainings to medical staff responding to sexual violence;
   b. Provide resources including equipment and medicine to Tel Afar’s General Hospital;
   c. Create MHPSS programmes that constitute safe spaces for women including survivors;
   d. Initiate women’s empowerment programmes such as education and livelihood that are inclusive of survivors by also creating non-gender stereotypical opportunities, such as language trainings or computer skills;
   e. Offer legal aid to survivors in applying for civil documentation and welfare;

12. Conduct community outreach activities with respect to the following,
   a. The availability of services that are inclusive of survivors and relevant confidentiality measures that ensure anonymity;
   b. MHPSS awareness, by aiming to eradicate the stigma surrounding such services;
   c. Legal rights of survivors, including criminal proceedings and the right to reparation;

13. Create platforms for dialogue within the community on the harms of stigma attached to CRSV;

14. Provide expertise to the Government of Iraq on technical matters relating to reparation legislation;

15. Ensure all programming operates on the basis of a conflict-sensitive do-no-harm approach;

16. Be aware of community-specific realities and needs through the inclusion of community members in the design and implementation of activities by being cautious of a one-size-fits-all approach.
To the international community:\(^1\)

1. Include international and non-governmental organisations with on-the-ground experience and expertise in decision-making to ensure the most urgent needs are accurately reflected in funding policies;
2. Ensure that funds and projects directed at humanitarian needs are sustainable and further self-reliance;
3. Be cautious of short-term initiatives that might conflict with long-term development goals.

Introduction

In June 2014, the armed group referring to itself as the Islamic State (IS) seized control of Mosul, the capital of the Nineveh Governorate in Iraq. Shortly thereafter, IS advanced towards Tel Afar, a district west of Mosul, and Tel Afar city, a sub-district heavily inhabited by the Turkmen ethnic minority. There IS launched attacks against the Shi‘a, the vast majority of whom were ethnically Turkmen.

Both during the attacks against Tel Afar and the siege of Sinjar, where IS began its genocidal assault on the Yazidi population, the group committed multiple human rights violations against the Shi‘a population. An analysis of these activities and of IS’s pattern of attacks against the Shi‘a in Iraq and other countries\(^2\) strongly indicates that the targeting of the Shi‘a by IS constitutes genocide as defined by the Convention on the Prevention and Punishment of the Crime of Genocide,\(^3\) among other international crimes.

Some reports emerged of mass killings in Shi‘a towns and villages, including in and around

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\(^3\) Article II of the Convention; Craig Whiteside, ‘A Case for Terrorism as Genocide in an Era of Weakened States, Dynamics of Asymmetric Conflict 8/3 (2015), pp. 232–50; Hawley, ‘ISIS Crimes Against the Shia’.
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Tel Afar. Few also mentioned abductions of women and girls. However, in stark contrast with the ‘hype’ surrounding conflict-related sexual violence (CRSV) crimes committed against Yazidi women and girls, CRSV crimes against Shi’a Turkmen have remained largely invisible. This translated into insufficient response by the Iraqi state, international and non-governmental organisations (NGOs), which in turn led to further deterioration of the harsh conditions which female Shi’a Turkmen survivors of CRSV have been forced to endure.

This report aims to map state-provided services for Shi’a Turkmen survivors of CRSV in Tel Afar, explore expectations of survivors from a future reparations programme, and provide recommendations to address needs of survivors in Tel Afar, as well as other survivors of CRSV in Iraq, in order to inform policy-making, advocacy and programming.

Methodology

The lack of sufficient data on the situation of Tel Afar post-liberation – and in particular on the conditions of survivors of CRSV – necessitated fieldwork to directly engage with survivors and other key actors. Given limitation of data, this study should be viewed as an initial analysis to be expanded upon through further research.

Fieldwork was conducted in Tel Afar city in November 2018. Semi-structured interviews and a focus group discussion were held with three Shi’a Turkmen women who survived captivity and CRSV, and two others who survived captivity (but not CRSV) perpetrated by IS. In addition, open-ended interviews with key actors in Tel Afar were conducted. To supplement the limited data on reparation expectations of Shi’a Turkmen survivors, I also

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8 Respondents include Dr Jaafar M. Ali, Manager of the Tel Afar General Hospital; Judge Abdulkerim Muhammed Sadiq, President of the Tel Afar Court; Mehdi Hazim Avni, psychologist at the Tel Afar Office of the Ministry of Labor and Social Affairs; a local Shi’a Turkmen activist, a security sector employee, an obstetrician-gynaecologist and a humanitarian worker who shall remain anonymous for safety reasons.
draw upon findings of a study I conducted in December 2018 on reparation expectations of Yazidi survivors in Duhok.

The limitation of data is caused by several factors. First, the research question addresses stigma, delving into both CRSV and women’s status within a patriarchal community.\textsuperscript{9} Consent to participate in the study was either denied, or initially granted only to be later revoked. In some cases, respondents who gave informed consent to be part of the study refused to answer questions related to CRSV. Although a higher number of survivors were accessible, several of them were minors,\textsuperscript{10} and were not included in the study for ethical reasons. Furthermore, some survivors cited concerns over safety and repercussions from their families or community. Prioritising the key principle of ‘do no harm’, which presented itself with further intricacies in this fragile post-conflict context,\textsuperscript{11} no further attempts were made to access these survivors. Finally, the security situation in Tel Afar, particularly the risk of uncleared improvised explosive devices, made it difficult to access certain areas and to organise a longer stay in the city.

Background

Claiming to be the third largest ethnic group in Iraq, the Turkmen populate several cities and towns in Northern Iraq, including Tel Afar, Mosul, Erbil, Altun Kopru, Kirkuk, Tuz Khurmatu, Kifri and Khaniqin.\textsuperscript{12} An estimated 3 million Turkmen live in Iraq,\textsuperscript{13} a majority of whom are Sunni or Shi’ā Muslim, while approximately 30,000 are Christian.\textsuperscript{14} They speak their own language, Turkmen. They consider themselves descendants of earlier Seljuq Turks, while some claim being descendants of Turkic garrisons or those who fled Ottoman rule.\textsuperscript{15}

Tel Afar district has a diverse population, including Shi’ā and Sunni Turkmen, Kurdish,
Assyrian, and Arab communities. Tel Afar city, the district’s centre, is 90 percent Turkmen and 10 percent Arab. Pre-2014, the city had a population of approximately 200,000; the Turkmen community was 70 percent Sunni and 30 percent Shi’a.

Following the overthrow of Saddam Hussein’s Ba’ath regime in 2003, many Sunni Turkmen Tel Afaris, who held a majority of public sector jobs under the former regime, were subjected to de-Ba’athification and excluded from public employment under the new Shi’a government. The shift in power dynamics resulted in lack of representation, livelihood opportunities and income for the Sunni community, with Tel Afar quickly becoming ‘a hotbed of Sunni resistance and extremism’. After the rise of al-Qaeda in Iraq, large numbers of Sunnis in Tel Afar joined the illegal group as a violent means to resist Sunni exclusion from powerful positions and the presence of the US forces in the region. Meanwhile, the Shi’a population also formed non-state armed groups, committing human rights violations against the Sunni. Eventually, the city became segregated along sectarian lines, with Sunni and Shi’a populations living in different parts of the city.

IS captured Mosul, 60 kilometres east of Tel Afar, on 10 June 2014. A unit of the Iraqi Security Forces (ISF), led by the Shi’a General Abu Walid, was one of the few not to flee the area and defend Tel Afar. IS commenced its attack on Tel Afar on 15 June 2014, taking over the city the next day.

Locals interviewed indicated that the majority of Shi’a Turkmen fled to Sinjar in the days following Mosul’s fall, once it became clear that IS was advancing towards Tel Afar. Those who remained in Tel Afar did so due to a lack of financial means to flee, or having family members who could not travel due to old age, illness or disability. About 50,000 residents remained in Tel Afar during the IS advance, the majority of whom were Sunni Turkmen.

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18 Ibid., p. 4.
19 Ibid.
23 IOM, ‘Tal Afar District Center’.
IS questioned remaining residents of Tel Afar to determine their sect. Some Sunni Tel Afaris joined IS; similar to accounts of Sunnis in Sinjar turning in their Yazidi neighbours to IS, some Sunni Turkmen in Tel Afar reported their remaining Shi’a neighbours to IS. Captured Shi’a were either killed immediately or taken away with their fates and whereabouts still unknown.

Of the Shi’a who fled to Sinjar, those who had cars and the financial means continued escaping towards the Kurdistan Region of Iraq or to the south, primarily to Baghdad, Najaf and Karbala. Those who did not remain in Sinjar and were targeted alongside the Yazidis when IS launched its attacks against Sinjar on 3 August 2014.

IS crimes against the Shi’a in and around Tel Afar have not been systematically and comprehensively documented, although some violations were reported including disappearances, forced displacement, kidnapping, executions and destruction of places of worship.

CRSV crimes were reportedly perpetrated against Shi’a Turkmen women and girls, primarily in the form of forced marriage and sexual slavery. The majority of the kidnapped were from Tel Afar. Due to lack of official or systematic documentation, however, reports have been sporadic and numbers unreliable. Different sources estimate the number of Shi’a Turkmen women and girls abducted by IS between 50 and 600. A local activist who individually documented the missing in Tel Afar estimates the number of kidnapped Shi’a Turkmen women at 450.

26 See supra note 3.
Compared to the Yazidis, it appears that CRSV crimes against Shi’a Turkmen women and girls were not committed as systematically or frequently. This is perhaps because of IS’s categorisation of Shi’a as both apostate and polytheist, and the schism that exists in IS’s religious doctrine as to whether ‘apostate’ women can be enslaved or not. IS more frequently killed Shi’a women rather than abducting and forcing them into sexual slavery, though in several cases, women and girls were killed after being subjected to CRSV crimes.

Very little is known about the situation in Tel Afar city during the three years it remained under IS control. Many Yazidi women testified that they were transferred to schools and other public buildings in the city after IS kidnapped them from Sinjar, from where they were forcibly taken to Syria. Beheadings, amputations and floggings were reported. An assessment conducted shortly before the liberation operations indicated limited healthcare, scarce food, almost no safe drinking water and very few livelihood opportunities.

Military operations for the liberation of Tel Afar commenced on 20 August 2017, a month after Mosul’s liberation, involving the ISF and the Hashd al-Shaabi (Popular Mobilisation Forces) backed by the US-led coalition. Victory was announced on 31 August.
Since 2017, Tel Afaris have been facing significant challenges due to lasting impacts of the conflict. By June 2019, 334,572 people had returned to Tel Afar district, half of them going to Tel Afar city.33 A majority of the returnees are Shi’a; the Sunni are reluctant to return for fear of retribution based on alleged IS affiliation.34 This led to a shift in the sectarian demographic of Tel Afar, with the current balance reflecting 65 percent Shi’a and 35 percent Sunni Turkmen.35

The main reason for return is improved security, while those who have not returned cite concerns over damage to property, children attending school in areas of displacement and a lack of livelihood opportunities.36 The biggest concerns for returning Tel Afaris are the need for psychosocial support, lack of employment opportunities and housing, missing persons, lack of services and inter-community tensions.37

A sentiment shared by various members of the Shi’a Turkmen community was exclusion and omission. Several respondents indicated that while the Yazidi and Christian communities were receiving large amounts of aid, the Shi’a Turkmen community was not being prioritised. Indeed, the attention and assistance that Shi’a Turkmen survivors received both from the Government of Iraq (GoI) and the international community have been very little. Several reasons could explain why.

The intersection of ethnicity and sect plays a role. The genocide was committed against a religious group, Shi’a Muslims, the governing majority in Iraq whose survival is not a concern.42 Still, the Shi’a in Tel Afar who were severely impacted by IS’s genocidal policy are Turkmen, not Arabs, who are the ones holding strong positions in Iraq. Furthermore, the Shi’a are, after all, Muslims; this neglect could also be an implication of anti-Muslim sentiment in Western governments which manifests itself through discriminatory policies such as the ‘Muslim Ban’. Additionally, despite commendable efforts by some organisations such as the Turkmen Rescue Foundation, the Shi’a Turkmen have not been able to organise and engage in coordinated international or domestic advocacy efforts similar to that of the Yazidis. The privileged/vulnerable conflict surrounding the Shi’a Turkmen identity, the lack of any survival discourse within collective memory (as opposed to the Yazidis, who survived 74 genocides and refer to themselves as such), together with the stigma arising from CRSV crimes could explain the lack of a strong civil society presence.

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34 IOM, ‘Tal Afar District Center’.
35 Ibid.
42 Hawley, ‘ISIS Crimes Against the Shia’.
The Situation of Survivors of CRSV in Tel Afar

The Shi’a Turkmen community adheres to patriarchal norms which are strictly enforced by tribes. However, post-IS dynamics in Tel Afar appear to have impacted some gender norms within the community, similar, albeit to a lesser extent, to the Yazidis.\(^43\) Returnees indicated that exposure to host communities introduced Tel Afaris to new traditions, some of which they adopted. A respondent stated that while it used to be unthinkable for women and girls to work, let alone doing tasks socially ascribed to men, women and girls volunteered to clear rubble and paint the schools in Tel Afar upon their return, and persisted even when faced with backlash. Women and girls were also able to access vocational training held by humanitarian organisations in Tel Afar (though most were gendered, such as sewing or hairdressing). One respondent indicated that Tel Afari women were wearing trousers for the first time. Whether these indicate a lasting or temporary shift in gender norms remains to be seen, but the overview of the situation of the survivors of CRSV shows how entrenched patriarchal norms are among the Shi’a Turkmen community.

44 of the missing Shi’a Turkmen have returned to Tel Afar, 22 of them women and girls.\(^44\) They were rescued during liberation operations in Mosul and Tel Afar.\(^45\) There are reports of Shi’a Turkmen women who were forced to marry IS fighters and trafficked into neighbouring countries. A security sector employee stated that they had rescued one girl from Turkey and suspect that many others are held captive in other countries. There are no official rescue operations for the Shi’a Turkmen similar to the Kurdistan Regional Government’s (KRG) Office of Kidnapped and Rescue Affairs, which is why rescue efforts are undertaken individually, at great risk to those involved. It is possible that a number of those who are missing have been killed, considering the frequency of killings in IS’s attacks against the Shi’a. Some of the kidnapped women were reportedly told not to return by their families due to stigma.\(^46\)

Survivors who return often have no surviving immediate family and have no property or money. They now live with distant relatives in over-crowded houses, also owing to the housing crisis in Tel Afar.

The return of survivors from captivity is mostly kept secret from the community, due to


\(^{46}\) TRF, ‘Turkmen Women and Girls Abducted by Daesh (II)’. 
high levels of community-level stigma among Shi’a Turkmen. Stigma is both caused by and exacerbates gender inequality. Patriarchal understandings link ‘purity’ of women’s bodies to ‘honour’ and ‘dignity’. Sexual violence is perceived as the loss of these qualities, while the perpetrator being the ‘common enemy’ is a reminder of the conflict. Silencing and excluding survivors is thus used by tribes and the community as a means to ‘normalise’ the disrupted social order.

Survivors raised their mistreatment by families, tribes and the community as one of the most important issues to be dealt with. This stigma not only further traumatises survivors but also impedes their access to services. It severely restricts survivors’ mobility; they are either not allowed to or do not want to leave their house, even to attend school or vocational training. None of the respondents reported physical violence against survivors by families or the community, though survivors fear potential IS presence in the city and its surroundings.

The same patriarchal norms socially construct virginity as a precondition for marriage. The perception of having ‘lost’ their virginity thus deems survivors ‘unmarriageable’. Even though marriage, particularly at an early age, is also likely to restrict survivors’ freedom to study or work, survivors indicated that getting married could ‘stop people from talking about [them]’. This points to a patriarchal bargain where survivors would exchange the control of the extended family’s patriarch for that of a husband to shield themselves from stigma.

Locals believe that the only way to change tribes’ attitudes towards reintegration of survivors is through the support of Shi’a clerics. Tel Afari youth and Shi’a Turkmen activists have numerous advocated before Grand Ayatollah Ali al-Sistani’s office to support the return and reintegration of survivors, hoping for a declaration similar to that of Iraq’s

49 According to a local activist, some survivors were kidnapped by Tel Afari Sunni Turkmen, whose tribes remain in the city.
Diwan of Sunni Endowments or the Yazidi spiritual leader Baba Sheikh. In January 2019, Grand Ayatollah Sistani raised the issue of CRSV crimes perpetrated by IS against Shi’a Turkmen women and girls with UNITAD. On 22 September 2019, in a groundbreaking development, Shi’a cleric Grand Ayatollah Mohammad Saeed al-Hakim, who is influential amongst the Shi’a Turkmen, issued a declaration urging sympathy for and care of survivors of CRSV. This declaration, which was reportedly adopted also thanks to advocacy by Tel Afar Shi’a Turkmen students of the Hawza, is expected to alleviate the stigma against survivors in Tel Afar, although whether it will achieve this goal remains to be seen.

Many survivors also lack official documentation and face great challenges in obtaining new ones especially when no family member sharing their last name is alive, impeding their access to services. Living with distant family members, many of them are made to feel they are burdens on their hosts and are expected to undertake a great deal of household labour, including childcare. One humanitarian worker described survivors’ current situation as ‘another form of captivity’.

Internal stigma, caused by the internalisation of social norms imposed by the community and families, is also present in the form of self-blame, shame, trauma and social withdrawal. Survivors tend to isolate themselves from social interactions for fear of being questioned on what happened to them and rejection, a phenomenon also observed among Yazidi survivors.

Addressing Harm Arising from CRSV

CRSV has a number of short- and long-term psychological, physical and social consequences for survivors. Depression, post-traumatic stress disorder (PTSD) and anxiety

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51 The Iraqi Supreme Council of Fatwa declared in February 2017 that women who were raped cannot be considered sinful and urged communities and families to protect survivors, mitigate impact of sexual violence, and refrain from blaming survivors. See OHCHR and UNAMI, ‘Promotion and Protection of Rights of Victims of Sexual Violence Captured by ISIL/or in Areas Controlled by ISIL in Iraq’, OHCHR, 22 August 2017. Available at https://www.ohchr.org/Documents/Countries/IQ/UNAMIReport22Aug2017_EN.pdf (accessed 10 July 2019).

52 Baba Sheikh issued a statement in September 2014 declaring that all men, women and children kidnapped by IS remain pure Yazidis and should be accepted to the community. See Emma Graham-Harrison, “I was sold seven times”: Yazidi women welcomed back into the faith’, The Guardian, 1 July 2017. Available at https://www.theguardian.com/global-development/2017/jul/01/i-was-sold-seven-times-yazidi-women-welcomed-back-into-the-faith (accessed 11 July 2019).


54 Adams, ‘Principles for Global Action’.

have been observed amongst survivors of CRSV, including those perpetrated by IS.\textsuperscript{56} Physical harms include fistulas, vaginal injuries, anal sphincter ruptures, sexually-transmitted infections (STIs) including human immunodeficiency virus (HIV), loss of reproductive capacity, sexual dysfunction, unwanted pregnancies and unsafe abortions.\textsuperscript{57} Additionally, survivors of CRSV are often stigmatised by families, communities and even by the state, exacerbating the harm suffered by survivors and leading to lasting, potentially lethal consequences.\textsuperscript{58}

To address these harms, survivors must be provided with holistic and survivor-centric care and services,\textsuperscript{59} which should include psychosocial support, medical care, access to justice and reintegration.\textsuperscript{60} Additionally, survivors should have access to prompt, adequate and effective reparations to address the harm caused by CRSV.\textsuperscript{61} Both response and reparations must operate on the basis of human rights and tackle the root cause of CRSV: gender inequality.

### State-Provided Responses to Survivors

**Medical Care, Mental Health and Psychosocial Services (MHPSS)**

The World Health Organization’s (WHO) Clinical Management of Rape Survivors (CMR) guidelines on clinical care for survivors of sexual assault state that within the first five days after the assault, responders should take the survivor’s full history and conduct a complete physical examination; offer emergency contraception; depending on the laws of the country, offer safe abortion if the survivor is pregnant as a result of the rape; consider offering HIV post-exposure prophylaxis (PEP) for those survivors presenting within 72

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\textsuperscript{56} Jan Ilhan Kizilhan, ‘PTSD of Rape after IS “Islamic State” Captivity’, *Archives of Women’s Mental Health* 21/5 (2018), pp. 517–24.


\textsuperscript{58} OSRSG-SVC, ‘Report of the Secretary-General on Conflict-Related Sexual Violence’.


hours of the assault; and offer PEP for STIs. In cases where the survivor presents more than 72 hours after the assault, the responder should conduct a complete physical examination and offer pregnancy testing and STI screening. MHPSS is integral to responding to CRSV; all survivors should be offered psychological first aid and referred to relevant services if they wish. Community-oriented programmes, including educational activities, are crucial in addressing stigma and its negative impact on survivors.

Shi’a Turkmen survivors are entitled to the above-mentioned measures under the right to health by way of Iraq’s obligations under international law and its constitution. A majority of these measures, with the notable exception of abortion, have also been incorporated in the CMR Guidelines adopted by the Iraqi Ministry of Health. Abortion is illegal in Iraq, regardless of whether the pregnancy was caused by rape. According to the Circular No. D.A.F./41 dated 22 January 2014 of the Iraqi Ministry of Health, abortions can only be provided in very particular cases – the pregnancy causing serious health risks to the mother or congenital anomalies found in the foetus – and in government hospitals.

Tel Afar has an operational hospital, although staff, equipment and medicine are insufficient. By November 2018, there was one obstetrician-gynaecologist (OB-GYN) employed by the hospital. The employees were aware of the CMR Guidelines, although there were no rape kits available. There were no psychiatrists and only one psychologist; IOM has since started operating a counselling room that employs social workers for MHPSS in the hospital.

According to the manager of the Tel Afar General Hospital, no survivors had visited the

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65 Notably, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
66 Article 30 of the Iraqi Constitution guarantees health security; Article 31 grants the right to healthcare; Article 32 provides care for ‘the handicapped and those with special needs’, including ‘rehabilitation in order to reintegrate them into society’.
68 Abortion is punishable in Iraq under Article 417 of the Penal Code No. 111 of 1969.
hospital for psychological or medical treatment as of November 2018. He indicated that customs and traditions within the Shi’a Turkmen community prevented survivors from seeking treatment at the hospital, as the tribes would consider this shameful. The OB-GYN had only heard of one case of an IS survivor; the survivor’s male relative had visited her private clinic, asking if she could perform surgery to ‘restore her virginity’. The OB-GYN stated that due to stigma, survivors would at most seek treatment in private clinics.

The ban on abortion, particularly after the IS conflict where CRSV was widespread, constitutes a great risk for survivors who are now left with no choice but to seek illegal and unsafe abortions. Indeed, many Yazidi survivors have found ways to terminate their pregnancies caused by CRSV, predominantly through private clinics. A Shi’a Turkmen survivor who was three months pregnant upon her return sought an abortion in one of the southern governorates; her relatives had to disclose that she was in captivity after the physician refused to terminate the pregnancy because ‘it was sinful’.

None of the survivors interviewed had received specialised care as per CMR Guidelines. Many survivors do not feel safe disclosing their experiences to strangers, and untrained staff using stigmatising language further discourages women from seeking medical treatment. Iraqi laws on mandatory reporting of crimes, which include rape, have a chilling effect on survivors, although the Iraqi CMR Guidelines provide that receipt of medical services shall not be conditional upon reporting the crime.

None of the survivors interviewed had received any MHPSS either. Interviews uncovered that some survivors were not aware of mental health care. At the same time, receiving mental health care carries a stigma amongst the community and survivors are reluctant to seek psychological treatment out of fear of being labelled ‘crazy’. The risk of being exposed or singled out also prevents survivors from receiving counselling. A humanitarian worker stated that in line with the principle of ‘do no harm’, they visit every house for psychosocial work in order to avoid singling out certain households.

Even though interventions within the first 72 hours of the sexual assault are mostly impossible for survivors of CRSV perpetrated by IS due to the repetitive nature of the assaults over prolonged periods of time, upon return, survivors should be provided with unimpeded access to treatment of STIs and other injuries or diseases, safe and legal abortion, counselling about the treatment and follow-up visits, delivered at a fully-functioning

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70 Articles 247 and 498 of the Iraqi Penal Code make it a punishable offence for certain people, including medical professionals, to not report a crime if they suspect one.

medical facility with necessary resources and by trained staff. First responders should offer psychological first aid; referrals should be made to specialised mental health care providers for treatment of mental disorders and follow ups in line with the MHPSS intervention pyramid.

Iraq has not implemented any community-based interventions to address stigma, even though Iraq’s Women, Peace and Security (WPS) National Action Plan (NAP) mention them. The Joint Communiqué on Prevention and Response to Conflict-Related Sexual Violence signed between the UN OSRSG-SVC and the GoI provided for collaboration on reintegration by ‘engaging tribal and religious leaders, civil society as well as women human rights defenders in [...] facilitating the return and reintegration of survivors’. No projects were reported as of yet dedicated to reintegration. Meanwhile, Article 41 of the Iraqi Penal Code, providing that ‘the punishment of a wife by her husband’ shall not constitute a crime, and Article 128 setting ‘honourable motives’ in the commission of a crime as a mitigating circumstance, present serious risks to survivors’ safety. Iraqi feminists have been advocating for repealing these provisions and for enacting a law on domestic violence for years. Iraqi President Barham Salih announced the Combatting Domestic Violence Law bill in September 2019, which will hopefully be adopted soon.

Survivors’ reluctance to benefit from medical care and MHPSS for fear of stigma is not an excuse not to provide such services: if anything, the lack of holistic care for survivors is contributing to the stigma as public institutions simply go along with the community’s silencing of survivors, while laws discriminating against women add a structural dimension. Medical and mental health services should not specifically target survivors but adopt

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74 Bor, ‘Community-Level Stigma Faced by Female Yazidi and Shi’a Turkmen Survivors of CRSV in Iraq’.
an inclusive approach. Facilities should be integrated into wider services to reach a higher number of beneficiaries and prevent exposure of individuals. To increase the number of survivors benefitting from services, community outreach activities and measures to ensure confidentiality of beneficiaries should inform the availability of such services.\textsuperscript{78} Meanwhile, community-focused interventions designed, delivered and evaluated with the participation of survivors, such as educational activities to inform the community on impact of stigma against CRSV and mental health, and media campaigns to raise awareness on CRSV and its root causes, should be widely implemented.\textsuperscript{79} These could also facilitate the return of those survivors who were rejected by their families.

**Legal Services**

Iraq is party to several human rights instruments including safeguards against CRSV as a form of torture and cruel, inhuman or degrading treatment and as gender discrimination.\textsuperscript{80} The state should be responsible for the effective investigation, prosecution and punishment of perpetrators of the crime. Iraq is not party to the Rome Statute of the International Criminal Court and has not codified atrocity crimes. IS crimes are being tried under the vague and inadequate Anti-Terrorism Law, which lacks any provisions on CRSV.\textsuperscript{81} This means that prosecutions for CRSV shall be conducted under the Iraqi Penal Code, without any possibility to prosecute them as international crimes.

The Penal Code criminalises rape, although the definitions used are gendered and outdated.\textsuperscript{82} Article 393 provides loss of virginity due to the rape as an aggravating circumstance. This provision is problematic as it is discriminatory and foresees virginity testing, a procedure that is medically unreliable, unnecessary and traumatising for survivors.\textsuperscript{83}

\textsuperscript{78} Schopper, ‘Responding to the Needs of Survivors of Sexual Violence’.
\textsuperscript{80} Notably the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (UNCAT) and CEDAW.
were reported in the aftermath of the Yazidi Genocide, but were later discontinued. Article 398 states that legal proceedings against the perpetrator of rape shall be discontinued if he marries the victim. Not only is this provision discriminatory, it could also lead to impunity for IS fighters given the prevalence of forced marriages and ambiguity as to how Iraqi courts will legally treat such marriages.

As per Article 3 of the Criminal Procedure Code, prosecution of rape is dependent on the official complaint of the survivor, which should be made within three months of the date when the survivor became aware of the offence or from the disappearance of any compelling excuse which prevented the submission of the complaint (Article 6). Given high levels of stigma and fear of retribution by IS, survivors are unlikely to put complaints forward, especially before the statute of limitations expires. Many survivors lack knowledge of the identity of the perpetrators and are thus unable to press charges. Considering the number of survivors of CRSV in Iraq, it is doubtful that Iraqi courts would be manage such a volume of complaints, were victims able to come forward.

Tel Afar has a courthouse and three judges. Both rape and terror-related cases are investigated by Tel Afari judges. According to the President of the Tel Afar Court, who is the authorised judge to investigate rape claims, the procedure before the Tel Afar court includes the survivors’ testimony, a medical report on the survivor including virginity testing, and the collection of perpetrator and witness statements and other evidence. Once the investigation is over, the case file is sent to Mosul for trial; the survivor is expected to provide another testimony in Mosul. Lawyers may be appointed upon request, although there are no psychologists or case workers to assist survivors and court staff have not been specifically trained in investigating CRSV crimes.

No survivors had filed complaints on the CRSV crimes perpetrated by IS; during interviews, they revealed that they believed that such efforts would be pointless. The judge was unaware of any CRSV cases in Tel Afar. He stated that there were no survivors in Tel Afar, but also that any survivor would be reluctant to file a complaint since the tribes ‘scare them’.

The Joint Communiqué provides for collaboration on accountability measures to investigate and prosecute CRSV crimes, although none of the IS fighters charged with terrorism have been indicted for sexual crimes. In its second activity report, UNITAD identified

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87 OSRSG-SVC, ‘Conflict Related Sexual Violence’. 
one of its investigative priorities as IS crimes in Mosul in 2014–16, including CRSV crimes.\textsuperscript{88} These investigations will likely uncover CRSV crimes committed against Shi’a Turkmen women and girls as well, as some survivors were held in Mosul.

While reports on UNITAD’s work bring some hope that the truth of CRSV crimes against Shi’a Turkmen and those responsible will be uncovered, whether justice will be delivered remains to be seen. UNITAD’s mandate does not include prosecution; it will hand over the evidence it collects to Iraqi courts for trial. However, so far no amendments have been made to Iraqi laws to codify international crimes. Laws surrounding CRSV are problematic, the courts lack the resources to handle the sheer volume of cases, and reports of violations of IS suspects’ right to a fair trial in anti-terrorism courts are worrisome.

UNITAD reported consultations with the GoI on codifying international crimes and establishing specialised fora for prosecutions.\textsuperscript{89} The GoI should additionally amend its archaic rape laws, build capacity of its judiciary to ensure specially trained officers deal with cases of CRSV, and implement protective measures to ensure the safety and well-being of survivors.

Finally, a number of survivors require legal assistance to obtain lost, damaged or expired civil documentation, including identity cards and birth certificates, which impedes their access to healthcare and education. Given the challenges of compiling application dossiers, particularly for minors with no living parent or guardian, the GoI should put in place accelerated and simplified procedures for survivors in Tel Afar.

**Economic Services**

Economic support is a vital component of responding to CRSV, considering that survivors may be rejected by their families, unable to work, and have no means to support themselves. In addition to providing essential needs such as food, water, shelter, clothing or household items, programmes tailored to fit survivors’ needs should support their socio-economic reintegration and economic empowerment.\textsuperscript{90} Access to basic services is recognised as a human right under Iraq’s international law obligations\textsuperscript{91} and constitution.\textsuperscript{92} Fulfilment of these needs is the foundation of the MHPSS intervention pyramid, making it crucial for individual and community-oriented programmes’ success.\textsuperscript{93}

The Ministry of Labour and Social Affairs (MoLSA) has an office in Tel Afar\textsuperscript{94} where Iraqi citizens may apply to receive welfare payments under Law No. 11 of 2014 on Social Protection. Successful applicants, based on factors such as number of dependents, receive a

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\textsuperscript{89} Ibid.

\textsuperscript{90} Schopper, ‘Responding to the Needs of Survivors of Sexual Violence’.

\textsuperscript{91} Notably the ICESCR and CEDAW, which guarantee the right to an adequate standard of living.

\textsuperscript{92} Article 30 guarantees ‘basic requirements for living a free and decent life’ as well as ‘suitable income and appropriate housing’ to individuals and families, ‘especially children and women’.

\textsuperscript{93} IASC, ‘IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings’.

\textsuperscript{94} This office also employs a psychologist, although no counselling services are available.
minimum of 200,000 Iraqi dinars (approx. GBP 135) every two months. Certain categories, e.g. widows or people with disabilities, are eligible to apply for welfare; there is no such category dedicated to survivors of IS captivity.

In Duhok, renowned Yazidi NGO Yazda advocated for payments for Yazidi survivors of IS under the MoLSA scheme immediately after the genocide. Through a special programme, Yazidi women and girls over the age of 10 who survived IS captivity (not necessarily CRSV) could apply for the welfare payment (called Bataqa) and upon approval by the MoLSA, start receiving support. A total of 760 survivors were approved by the MoLSA and continue to receive payment. However, despite Yazda’s efforts to reinstate the programme, no new survivors were admitted since April 2016, reportedly due to lack of funds and a backlog of claims.

In April 2019, the GoI’s Ministry of Displacement and Migration together with the KRG’s Ministry of Interior Affairs and Office of Kidnapped and Rescue Affairs announced a programme under which 899 female Yazidi survivors would receive a one-off payment of 2 million Iraqi dinars each (approx. GBP 1,390). By July 2019, 730 women had received their payments in cash.

Similar programmes have not yet been established for Shi’a Turkmen survivors. Employees of the MoLSA Tel Afar office were unaware of the Bataqa programme. Shi’a Turkmen survivors may apply for welfare from the MoLSA under relevant categories if they are eligible, although the process requires high evidentiary standards such as documents obtained from courts and law enforcement. This impedes access to this support as several survivors do not have the right documentation, are illiterate or lack the financial means or technical knowledge to apply.

The GoI should provide economic support to all survivors of CRSV, including Shi’a Turkmen. These should include basic services, considering the poverty level of survivors. Since survivors financially rely on distant family members who perpetuate stigma, programmes should be developed to economically empower survivors and support their financial independence. In line with the principle of ‘do no harm’, these measures should be crafted with careful aforethought so as to not single out or expose individual survivors. Application procedures should be simple and evidentiary requirements low in order to reach the maximum number of beneficiaries.

Reparations for Shi’a Turkmen Survivors of CRSV

Reparations are measures provided to victims of serious violations of international law to redress the harm arising from such violations. Individuals’ right to reparation derives
from international human rights law, international humanitarian law and international criminal law. This right has been further strengthened by soft law such as the UN Basic Principles. Reparations should be provided in addition to response and development. Victims have a right to development because they are citizens of the state; reparation, on the other hand, is a right exercisable by victims of serious violations of international law that requires state recognition of individuals and collectives as victims, as well as state responsibility for failing to protect such violations from taking place.

The gendering of reparations, and particularly reparations for CRSV, has been highlighted in recent years. Texts such as the Guidance Note of the Secretary-General and the Nairobi Declaration are guiding documents for both states undertaking reparation efforts and victims exercising their right to reparation.

Awarding reparations through an administrative programme rather than judicial proceedings is preferable, especially for CRSV, as it would entail simplified procedures and less onerous evidentiary standards. Indeed, an administrative programme would be a better fit for Iraq given the Iraqi judiciary’s already overloaded capacity and problematic laws and practices which could re-traumatise survivors. Reparations for CRSV must involve a combination of different types of reparation, referred to as complexity. Rehabilitation plays an important role to redress medical and psychological impact of CRSV; such services should also be part of urgent interim reparations to address the most immediate harms. This is particularly significant as previous experiences with administrative reparation programmes in Iraq have demonstrated that initiating the programme, claiming reparations and collecting the benefits could take years. Services must be complemented with compensation for material damages as well as for moral harm and stigma, while economic measures such as vocational trainings and small grants should be set up to support economic empowerment of women and girls, given the level of poverty of Shi’a Turkmen survivors and their dependence on family members.

Collective reparations, such as collective apologies or memorials, can be useful in redressing the harms experienced by Shi’a Turkmen survivors without exposing individuals and thus exacerbating stigma. Reparations must include material as well as symbolic measures; compensation without any symbolic element such as an apology may be perceived as ‘blood money’ and rejected. Most importantly, reparations must also aim to

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96 Both implicitly, e.g. ICCPR, and explicitly, e.g. UNCAT.
97 Implicitly, e.g. Additional Protocol I to the Geneva Conventions.
98 The Rome Statute of the ICC explicitly mentions the right to reparation, although its jurisdiction is limited.
102 United Nations Secretary-General, ‘Guidance Note of The Secretary-General’.
have a transformative effect, i.e. to shift unequal structural and social norms in Iraq such as gender inequality and sectarian discrimination, which caused such violations to take place. Viewing reparations through this lens, measures to prevent such acts repeating in the future could have great transformative impact.

Iraq has an administrative reparation programme in place under the Law No. 20 of 2009 on Compensation for Victims of Military Operations, Military Mistakes and Terrorist Actions, which victims of the IS conflict may also apply to.\textsuperscript{103} Available benefits are compensation and restitution.\textsuperscript{104} However, this law falls short of addressing the violations that took place during the IS conflict and harms experienced by victims. It excludes some of the most rampant violations that took place since 2014, importantly CRSV. It also lacks complexity as it includes compensation and restitution only; even then, compensation is not available for moral damages. Neither medical or psychological services, nor symbolic measures are available. There are no collective reparations for groups who suffered collective harm, as is the case of Yazidis or Shiʿa. Notably, Law No. 20 lacks a forward-looking approach: it includes no measures for ensuring non-repetition of violations.

Iraqi President Barham Salih announced on 7 April 2019 that he submitted a reparation bill to Parliament, entitled ‘Yazidi Female Survivors’ Law’.\textsuperscript{105} The bill has not been enacted yet, with Parliament having completed the first reading on 2 July 2019.\textsuperscript{106} This is the first attempt by the GoI to redress the harm arising from the IS conflict specifically. The bill is quite comprehensive, including psychological and medical care, housing, land, compensation, education, livelihood, commemoration and memorialisation activities.

Nevertheless, the bill is not without shortcomings.\textsuperscript{107} It is unclear whether only Yazidi women are eligible or if Shiʿa Turkmen and other survivors will also benefit from this programme. It is internally inconsistent as Article 2 defines those eligible for benefits as female Yazidi survivors who were abducted by IS, while Article 13 provides that the law is applicable to all female abductees who survived IS and were subjected to enslavement. Prioritising one group over another based on arbitrary criteria is inherently discriminatory and could cause inter-community tensions. The bill is also unclear as to which violations are covered. While both abduction and enslavement are mentioned, the bill fails to explicitly recognise and elaborate on CRSV crimes, including rape, sexual slavery and forced

\textsuperscript{103} Law No. 20 was amended in 2015 to provide five categories of eligibility: martyrdom, loss or kidnaping; full or partial disability; injuries requiring short-term treatment; property damage; and damage impacting employment and study.

\textsuperscript{104} Sandoval and Puttick, ‘Reparations for the Victims of Conflict in Iraq’.


marriages. A reparation programme that fails to recognise specific violations will also be incapable of addressing the full range of harms arising from those violations.

Consulting victims of human rights violations in mapping, designing, implementing, monitoring and evaluating reparation programmes is key for their success. This was lacking when the bill was drafted, however. Neither survivors of CRSV nor civil society organisations were properly consulted during this process, which is why the bill came as a surprise to many. Involving survivors from the start, when reparations were being articulated, could have ensured their demands and wishes are being represented.

When asked about their demands from a reparation programme, Shi’a Turkmen survivors of CRSV prioritise basic services, in particular housing: ‘A house is the most important thing, it’s better than living in others’ houses.’ This comes as no surprise given the level of poverty experienced by survivors. ‘Money isn’t justice’, as one survivor put it, but ‘it would help’. Importantly, one survivor mentioned that even if she had money, her relatives would not let her keep it, emphasising the importance of structures that would allow survivors to manage their own finances. Survivors did not explicitly demand MHPSS, but mentioned they want a friend, somebody to talk to; given the lack of awareness on what MHPSS entails, this could translate into counselling. They mentioned that ‘people should stop mistreating [them] and give [them] a role in the community.’ Alleviating community-level stigma is vital to facilitate reintegration of survivors, which would address the social harms arising from CRSV. It would also allow survivors to move freely, to attend school and vocational training, which they mentioned as activities that could ‘help [them] think less about what happened’. Last but certainly not least, survivors demand those in captivity to be rescued, and the missing to be located.

Many of the measures demanded by survivors are addressed in the new bill. Although questions of implementation remain, some demands of Shi’a Turkmen survivors may be granted by clearing the vagueness surrounding eligibility. Recent reports indicate that Turkmen and Christian women will rightly be included in the bill’s scope, although whether it will be adopted remains to be seen.

Considering the need to redress immediate harms, the GoI should provide urgent interim reparations to survivors. Medical and MHPSS programmes, shelter and compensation must be granted immediately to survivors who are most vulnerable. Compensation should ideally be paid in monthly instalments, as this was proven to make it easier for survivors to manage their income.168 Once urgent interim reparations are granted, a larger administrative programme should implement comprehensive reparations. These would include long-term solutions for housing, compensation, medical services and MHPSS, community-oriented programmes to lift stigma and support reintegration of survivors and economic empowerment of survivors through livelihood programmes. Existing violations should be ceased by rescuing those in captivity, mass graves should be exhumed, and remains identified and returned to families for proper reburials.

168 Rubio-Marín, ‘Reparations for Conflict-Related Sexual and Reproductive Violence’.
Importantly, the GoI should incorporate guarantees of non-repetition to the bill. It is unlikely that survivors will be able to break the taboo of CRSV and claim reparations when sexual violence continues to be widespread, perpetrators roam free, laws discriminate against women, and access to justice is restricted.\footnote{Ibid.} Without any effort on the GoI’s behalf to guarantee non-repetition of CRSV, survivors will likely lack trust in any reparation effort and question the genuineness of such steps.

Conclusion

This paper demonstrates that the situation of Shi’a Turkmen survivors of CRSV is an emergency which requires immediate response. Such response must be crafted with a gender lens, by keeping in mind challenges faced by survivors in Tel Afar and within the Shi’a Turkmen community, particularly stigma. The GoI’s reparation bill is a step in the right direction. However, survivors must be consulted before the bill is enacted and included in its scope regardless of ethnicity, sect, religion, gender identity or perpetrator who committed the crime. Involving survivors in design, delivery and evaluation of both services and reparations for CRSV will determine their success. Post-conflict settings are usually key moments to tackle historical and structural injustices. The GoI should rise to the occasion by starting to address gender inequality through policy-making.

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