

Fall 12-14-2018

Attitudes of Sinjari Yezidis in Iraq Regarding the Rape of Yezidi Women and the Babies Born from Rape During the ISIS Genocide

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Attitudes of Sinjari Yezidis in Iraq Regarding the Rape of Yezidi Women and the Babies Born from Rape During the ISIS Genocide

By
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A THESIS

Presented to the Faculty of
the University of Nebraska Graduate College
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

M.S. Emergency Preparedness

Under the Supervision of Professor Sharon Medcalf

University of Nebraska Medical Center
Omaha, Nebraska

September, 2018

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Attitudes of Sinjari Yezidis in Iraq Regarding the Rape of Yezidi Women and the Babies Born from Rape During the ISIS Genocide

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University of Nebraska, 2018

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This thesis evaluated the attitude of acceptance among Sinjari Yezidis toward Yezidi women who were captured and raped by ISIS captors. In addition, attitudes of acceptance were also studied on behalf of the children born due to rape. These attitudes were recorded by a 25-question attitudinal survey and then analyzed on a question by question bases. The outcome of the following study showed an overwhelming acceptance of the women but a mixed acceptance of their children. Based on the study findings, religious beliefs may be the best way to understand the level of acceptance the Yezidi community has toward the women who were raped and their children.

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GLOSSARY AND LIST OF ABBREVIATIONS

Baba Sheik –Yezidi religious supreme spiritual leader

Faqier – An ethnic tribal designation within the Mereed caste in the Yezidi community

ICTY – International Criminal Tribunal for the Former Yugoslavia

IDP – Internally Displaced Person – One who moves within the boundaries of a single
nation

ISIL – Islamic State in Iraq and the Levant (ISIS)

ISIS – Islamic State in Iraq and Syria

IOM – International Office for Migration

KRG – Kurdistan Regional Government

KRI – Kurdistan Region – Iraq

MedEast – A local Iraqi nongovernmental organization that has been working among

Yezidi communities since 2014.

Mereed is the lowest of 3 castes. Literally translated from Arabic or Badini Kurdish it

means “poor.” Despite its derogatory connotation, it is acceptable by tradition to
those so designated.

Peer – The caste above Mereed but below Sheikh in the Yezidi community.

Peshmerga – Kurdistan Regional Government Military. Literally, “Those who face death.” (“Who Are,” 2014)

PKK – Kurdistan Workers’ Party; a militant and political organization based in Turkey and Iraq

RMA – Rape Myth Acceptance

Seje Village – Sometimes spelled “Shazi” on Arab maps. It is a small village that many Yezidi’s from Sinjar moved to after ISIS took Mosul.

Sheikh – The highest caste in the Yezidi community.

UN – United Nations

UNICEF – United Nations International Children’s Emergency Fund

WHO – World Health Organization

Yezidi (or Yazidi) – a member of a religious sect inhabiting a small area in Iraq, Syria, and Armenia, and exiles living abroad, comprising several Kurdish-speaking peoples, and worshiping an angel believed to be chief among angels to whom the supreme but transcendent God has left the government of the world (Yezidi, 2018).

YPG – The People’s Protection Unites; a Kurdish militia in Syria

CHAPTER 1: INTRODUCTION

The Islamic State of Iraq and Syria (ISIS) occupied the District of Sinjar in the Nineveh Province of Iraq on August 3rd, 2014 pushing 50,000 Yezidis into displacement from that district alone (“Flash Update,” 2014). ISIS moved into the surrounding Yezidi territories, and it is estimated that approximately 360,000 Yezidis remain displaced today from this and earlier attacks (“A Call,” 2016). Christians, Turkmen, and other religious minorities were also targeted for removal by ISIS. By 2016, Sinjar had been retaken by the Kurdish Peshmerga, Iraqi armed forces, Turkish YPG/PKK and Iranian Hashd al Shabi soldiers and the largest ISIS stronghold of Iraq, Mosul, was retaken by the same groups in July 2017 (“Integrated Location,” 2017). Ninety percent of returnees to their home in Nineveh reported high levels of total destruction of property with some of the damage even coming from the groups that first liberated their land (“Housing, Land,” 2016; Martinez, 2017). Nearly a third of displaced Yezidis from Sinjar District will not choose to return home again due to several factors such as land mines, presence of Iranian or Turkish military groups, lack of security, and desire for employment in more populated areas not decimated by ISIS (“Obstacles to Return,” 2017; “Punished,” 2016).

While the physical toll on the Yezidi community is vast there are even deeper issues, some of them hidden. The Yezidis suffered disproportionately under the hand of ISIS as Muslims and Christians have labeled them “Devil Worshipers,” and excluded

them from jizyah payments (a system that allowed Christians to pay a tax in order to remain unharmed) and forced them to either “convert or die” while their women were systematically separated, sold, and forced into sex slavery (Dabiq, 2014; Roth, 2015). In 2015, it was reported that roughly 3,500 women and children were taken as slaves by ISIS, most of whom were Yezidi (“Report on the Protection,” 2015). The enslaving of women and children by ISIS became so common place that a pricing system was put in place by the terrorists. The pricing system had a sliding scale based on age, ethnicity, and nationality of each woman and child (“A Call,” 2016).

As of July 2017, it is estimated that 3,048 Yezidis had escaped from ISIS whereas 1,636 women and girls remained missing and 1,733 men and boys were missing (“Promotion and Protection,” 2017). Many of them, particularly men and older boys, are assumed to be dead. Others are still captive in Syria.

There are currently few formal services in place that provide psychological, medical, or other support for Yezidis who have escaped from ISIS (“A Call,” 2016). Furthermore, instead of being embraced and cared for, many of these returning women and their children have been stigmatized by their own families and communities and continue to face higher levels of domestic and sexual violence (“Promotion and Protection,” 2017). While the Yezidi religious leaders have issued a fatwa — a ruling on religious law — requiring the acceptance of these raped girls back into the Yezidi religion and culture and making them eligible for marriage, in rare cases they are murdered in

“honor” killings by their fathers and brothers to avenge their “sin of adultery” even though they were forcibly raped by their captives (Graham-Harrison, 2017).

The Problem

Even when the Yezidis accept the raped women back into their society, a stigma follows them, few men want to marry them, and their babies are not allowed to remain with the mothers and are excluded from acceptance within the Yezidi religion. This problem had not yet been studied formally, and was a hidden phenomenon among the secretive Yezidis, and only evidenced by personal communications with direct service providers from outside the community who were seeing and hearing first-hand the way these women and their babies are treated. The ancient rule of the Yezidis is that no person who does not have two Yezidi parents can live in a Yezidi house or community. But how fully this affects these women and girls was still unknown. It was essential to survey the communities that these women and children were returning to in order to understand the attitude of acceptance toward these women and to assess whether their well-being and security were truly at risk and if interventions were required. By understanding the reported problem, we can understand how to provide assistance to these women and children to assure they were better accepted into their communities.

Case Reports

The following case reports are further confirmation that a more formal study needs to be done among the Yezidis. Each of these reports was recorded directly by MedEast’s Director, American Public Health Doctor Paul M. Kingery, from

communications he had personally received concerning Yezidi women and their ISIS-fathered children.

Case Report #1

In a personal communication with Fadhil Adil, an employee of Operation Mercy Organization, on March 25, 2018, he was told that the UN representative in a Nineveh-area Camp for displaced Yezidis reported to him that five babies of Yezidi women with ISIS fighters that were born in the camp medical facility were sent as newborns to Baghdad orphanages, and follow-up determined that all five babies had died within 3 days of transfer.

Case Report # 2

In a personal communication with Mohammed Atto, an employee of the International Office for Migration (IOM), on April 15th, Dr. Kingery was informed that a Yezidi man bragged to Mohammed in Khanke Camp for IDPs that he and other relatives of a woman returning from ISIS with a pregnancy from an ISIS father killed the baby in revenge for the ISIS genocide against Yezidis.

Case Report # 3

In a personal communication with a Yezidi woman, who returned from ISIS in Syria, she relayed to Dr. Kingery that she was tricked into leaving her baby behind. Her mother, who had herself been sex trafficked by ISIS and who had since immigrated to Canada, had conspired with the Yezidi human traffickers to trick Eman into thinking the baby had to travel separately to Iraq. But then when Eman arrived in Seje Village to her

grandparents, she was informed the baby had been given away in Syria. She stated that five babies were left on the same day with the same Kurdish couple in Syria, and she had no knowledge of whether they were sold, killed, or put up for adoption in Syria. She wanted her baby back, but all efforts to find the child failed.

Case Report #4

In a personal conversation with a Mereed Yezidi from Kocho, a resident at the Safe Home operated by MedEast Organization in Seje Village, and who escaped from ISIS pregnant with her captor's baby, she reported on October 4, 2017 that her family was trying to force her to give up the baby. MedEast Organization was asked to take the baby and raise it. This was illegal, and the offer was rejected. Her family also tried to get her to have a third trimester abortion, but she refused. Her family took her to the Yezidi religious supreme spiritual leader, Baba Sheik in Lalish Temple— the holiest site in the Yezidi religion— to be baptized back into the Yezidi religion after her forced conversion to Islam, but when he refused to also baptize her baby, she refused baptism herself and left the Yezidi religion rather than give up her baby. She was told by religious leaders that she could not live with her family in the Yezidi IDP camp, so she sought help from the Ministry of Health in the Kurdistan Regional Government (KRG), and they put her in a hotel in Dohuk until the baby was born.

In the hospital, Yezidi staff secretly tried to force her to give them her baby when it was born, for sale in Dohuk, but she refused. When she gave birth, she was not allowed to see her baby, so she ran away from the hospital and sought police protection

in a shelter for women who had been abused by men in Dohuk, and her baby was brought to her. She struggled to get legal custody of her child and was assisted by Dr. Kingery and MedEast's lawyer, and the baby was returned to her. The shelter director called her a prostitute and told her she had no right to choose to keep the baby because she had not consented to the sexual liaison and sham marriage with her captor that produced the child. This manager was then fired after the incident, but the shelter did not adequately provide for the needs of the baby, and the mother and baby were housed in a room with Muslim Kurdish women who were also victims of violence but were opposed to her keeping the baby as well. Ultimately, the baby was registered as a Muslim Arab orphan though the mother is Yezidi which is a classification consistent with Kurdistan Regional Government (KRG) laws.

Case Report #5

In a personal communication on November 3, 2017 with religious supreme spiritual leader, conveyed through an intermediary Salim Ali, grandson of the second spiritual leader of the Yezidis, Baba Sheik, the highest Yezidi leader, informed Dr. Kingery that no Yezidi child from an ISIS father would be accepted into a Yezidi home or community for any period of time.

Case Report #6

In a personal communication with the director of the Yezidi women's shelter in Shekhan, operated by Yezidis, on April 5, 2018, Dr. Kingery was told that no Yezidi woman with an ISIS baby would be accepted into the facility, and that 36 such women

and a larger number of children had been refused at the door and told to return to the families of their rapist husband/father in the Islamic areas controlled by ISIS. They said their policy was to refuse all such babies and their mothers.

Case Report #7

In a personal communication with the director of the Azady Emergency Hospital in Dohuk on March 25, 2018 with Mr. Sabri Ali, Dr. Kingery was informed that the hospital had tried in vain to place children fathered by ISIS with the local government orphanage, but that the orphanage refused to accept any ISIS babies. As a result, the hospital hired caretakers to watch the children for as long as a month in a hospital room converted for the purpose, until Baghdad officials could come to take the children to a Baghdad orphanage. He said they did not follow up on the survival of the children in that setting as it was not their purview.

Case Report #8

In a personal communication with a local NGO working in Qanqi Camp for Yezidi IDPs in Iraq, Dr. Paul's colleague, and Director of their safe home for Yezidi Girls, Anette Axelsson, was informed that many of the Yezidi girls who were taken by ISIS, knowing at this stage that their babies will be taken from them if they return to their parents in Iraq, have chosen to stay with the families of their ISIS rapists in Syria. Effort to let them know that a safe house is available in Iraq through MedEast will take time however, and what choice they will make given the option of the Safe House remains unclear.

Study Purpose

The research question for this study is as follows: What is the Sinjari Internally Displaced Person (IDP) Yezidi community's attitude of acceptance of women impregnated during ISIS captivity and their resultant children? By exploring the Yezidi community's attitudes toward these women, we sought to understand the challenges they face to reintegration. Solutions to challenges were identified and explored, to assist these women and children in living productive, meaningful lives in safety and peace.

Specific Aims

The specific aims of this study were to understand the attitudes of the Sinjari IDP Yezidi community as it related to three distinct areas. First, we sought to understand the attitudes toward the women returning from captivity. Next, we desired to understand the attitudes toward the babies born from captivity. Then, we wanted to understand the attitudes toward protecting these women and children.

Assumptions

We made two assumptions throughout this study. First, we assumed that the participants answered the interview questions in an honest and candid manner. Second, we assumed that the inclusion criteria of the convenience sample of all heads of household and their spouses in Seje village who were age 18 and above were appropriate and the sample was representative of the Sinjari IDPs living in Iraq.

Limitations/Delimitations

The study had some limitations. First, all participants were self-reporting on behalf of an entire household and therefore may have reported on attitudes not reflective of the entire household. The sample was limited to a convenience sample of one village that was from the same area under the same religious leadership that may not be completely representative of the Sinjari IDP Yezidi community at large (including those living abroad). Within this research, women and/or children who escaped ISIS captivity were not directly interviewed as the focus of the study is on the attitudes of the community to which they belong toward them.

CHAPTER 2: LITERATURE REVIEW

UNICEF estimates that worldwide there have been 120 million girls under the age of twenty forced into some form of sexual acts (“Sexual Violence,” 2018). Systematic sexual violence during wartime has been recorded as one of the most recurring human rights abuses throughout history (Denov, 2015). This is such a powerful weapon of war as women are at the center of family and cultural reproduction and thus are a clear target that can cause a profound effect on a society (Mukamana, & Brysiewicz, 2008). It is often used to destroy family ties, societal solidarity, and exert total dominance while simultaneously performing ethnic cleansing (Card, 1996; Diken & Laustsen, 2005). Victims of these crimes are usually raped multiple times causing elevated degrees of physical and psychological injuries (Clifford, 1985). While evidence exists throughout the centuries about the traumatic effects of war rape, the following literature review

identified outcomes of rape regarding women and their children from the Rwandan, Yugoslavian, Sierra Leonean, and Democratic Republic of the Congo (DRC) conflicts.

Rwanda Genocide

Wartime rape came to the forefront of the international community in 1994 during the Rwandan genocide. During the conflict, Hutu extremists killed over 800,000 individuals (Carpenter, 2007). In fact, 91% of children saw at least one death in their family (Kumar, 1997). Death was not the only devastation as it was estimated that between 250,000 to 500,000 Tutsi women and girls were raped, tortured, and mutilated while the offspring of their raping were given names by Rwandans meaning Devil's children, unwanted children, or children of bad memories (Crawley & Simic, 2012). Specific to the Rwandan genocide was the consistent scenario of rape often preceding murder (Sharlach, 2000). In the aftermath of the genocide, many of the raped women who did survive chose self-induced abortions, child abandonment, infanticide or suicide as better options than facing the social stigma of having their families reject them for giving birth to the offspring of the enemy (Hogwood, Auerbach, Munderere, & Kambibi, 2014). Many of these women were even accused of collaborating with the enemy, which ultimately led many of the rape victims, in turn, to hate their children before they were even born (Carpenter, 2007).

Toward the end of the conflict, little in the way of support was provided for the victims and their children. Rituals of mourning were held all throughout Rwanda for those that lost loved ones, but no ceremonies were held for victims of rape, which left

them without sympathy and support from their community (Mukamana, & Brysiewicz, 2008). Social workers reported that the women suffered from severe bouts of depression, guilty feelings for being alive, nightmares, and even violent fantasies toward their children (Carpenter, 2007). Many of the women informed investigators that they would have preferred death to surviving with the lack of support and severe feelings of guilt (Crawley & Simic, 2012). In many cases the women were not helped by the law and often found that the legal system was hostile to them, which ultimately left many of these women without family, societal, or even legal support (Mukamana, & Brysiewicz, 2008). In fact, many women reported being chased from their own homes and divorced by their husbands, effectively destroying any fragment of a support system (Carpenter, 2007).

Between 2,000 and 5,000 children were born through rape during the Rwandan genocide (Hogwood, et. al., 2014). In 1990, Rwanda signed the United Nation's Convention on the Rights of Child and the African Charter on the Rights and the Welfare of the Child that ultimately stated that it was the government's formal obligation to provide all the basic needs and legal rights for every child, but most of the infrastructure and basic services needed to care for children were destroyed during the genocide (Carpenter, 2007). Many of these Rwandan children born from rape grew up with traumatized mothers, perceived by their society that they were children of the enemy, and without the state's protection which led many to develop psychological disorders and a negative self-identity (Hogwood, et. al., 2014). Thus, most of these

children were considered nearly impossible to truly integrate into Rwandan society (Mukamana, & Brysiewicz, 2008).

The Rwanda genocide spurred the international community forward to introduce a statute in the International Criminal Court in 1998 which stated that gender crimes related to sexual assault would furthermore be classified as crimes against humanity and would be deemed war crimes in any national or international armed conflict (Schott, 2011). Nonetheless, the legislation was too late to truly impact the survivors of the Rwandan genocide. The international community's response to the Rwandan genocide has been widely judged as a failure (Crawley & Simic, 2012). In the year 2000, roughly six years after the atrocities were committed, not a single man had been convicted rape during the genocide (Sharlach, 2000).

Just before the Rwandan genocide started, there was a similar scenario unfolding during Yugoslavia's civil war. There were estimates that between 10,000 and 60,000 women were sexually assaulted during the war (Sharlach, 2000). A system of rape was developed in Bosnia and Herzegovina by Serbian men that followed five distinct patterns— (1) breaking into a home and gang raping women before fighting broke loose in the town, (2) after the capturing of a town or village the women would be gathered for public gang rapes, (3) women would be taken to detention and picked out by camp guards, paramilitaries, or civilians to rape them and return them to the site or kill them, (4) the women were taken to "rape camps" to be raped, beaten, and killed but if they were impregnated they would be helped for at least seven months after conception so

abortions were less of an option, and (5) forced sex work occurred in brothels to entertain soldiers (Niarchos, 1995). This established a set of patterns that led to an international outcry because for the first time, rape was not seen as a random act by rogue soldiers but as a planned and strategic agenda of military leaders (Salzman, 1998). Another study noted that the mass rape had at least several thousand victims; many of the victims were girls between the ages of seven and fourteen, and the rape was usually committed by several attackers with the victim's family nearby (Meznaric, 1994).

Further exacerbating the issue was that this time the focus was on ethnic cleansing. As most of the atrocities were by the Serbian forces against the Muslim population, there was an intentional focus on impregnating Muslim women in order to dilute the ethnic, religious, and national identities of the female victims (Allen, 1996). Moreover, the aim was to fully humiliate and destroy the identity of the victims and their society at large (Skjelsbæk, 2012). By eliminating the identity of other ethnicities, the Serbs were attempting to purge the area of all non-Serbs to establish a greater Serbia (Salzman, 1998).

Yugoslavian Civil War

There are similarities between the women and their children who survived the Rwandan genocide and those affected by the Yugoslavian civil war. Many of the women induced their own abortions, abandoned the baby after birth, or pretended their husbands were the fathers to avoid shame and social ostracizing (Salzman, 1998). Some reportedly were so traumatized by their assailants that they refused sexual intercourse

with their husbands while keeping the reason for the lack of intimacy a secret from them (Skjelsbaek, 2012). Others were left by their husbands and even their fathers as the women were seen as having engaged in shameful behavior (Carpenter, 2007). If the women sought justice, they were typically made to describe the acts in front of a public forum. They also felt their safety was at risk if they testified against the men who had committed the acts against them which left most women too ashamed and afraid to report any crimes (Niarchos, 1995).

As in the Rwandan situation, the children born from rape in Yugoslavia struggled to find a place in society. Throughout the Balkan states these children were labeled “children of the enemy” (Carpenter, 2007). Even the mere presence of these children within the community caused strife and resentment among the inhabitants though the child was a result of assault (Salzman, 1998). On a positive note, both Christian and Muslim leaders called for the acceptance of these children into the community as a God-ordained mandate to care for them (Carpenter, 2007). This had some unfortunate side effects once the Bosnian government took hold of the message as they mandated that children born of rape were not allowed to be adopted which led to many children being left behind in orphanages and unable to remove the stigma of their origins (Carpenter, 2007; Weitsman, 2008).

Sierra Leone Civil War

From 1991-2002 a civil conflict raged on in Sierra Leone between government and guerrilla forces wherein many children were abducted and forced to become child

soldiers (Betancourt et. al., 2010). During this conflict, the women were commonly abducted for sexual reasons and forced into a marriage but were also required to engage in combat, serve as porters or spies, and work in diamond mines (Denov, Betancourt, Borisova & Williamson, 2010; Betancourt et. al., 2010). A 2006 study by Lindsay Stark summarized the struggles these women faced as they returned to their families.

“These girls and young women emerged from the war with both physical and emotional wounds. They reported feelings of hopelessness, worthlessness and despair. Reintegration has proven extremely difficult and has exacerbated these wounds. Their families and communities, who saw them as ‘impure’ as a result of the sexual abuse, stigmatized the girls. They were exposed to ridicule for prostituting themselves to support their babies. They were verbally and physically attacked, restricted from mingling with family and community, and prohibited from marrying. Their spiritual pollution was believed to cause misfortune, bad harvests and health problems for both the girls and the broader community.”

The struggles highlighted by Stark mirror those seen in the Rwanda and the Yugoslavian conflicts.

In the aftermath of the conflict, two predominant paradigms emerged through which recovery workers attempted to aid the women. The first paradigm was to address the psychological and physiological diagnoses as the primary factor of recovery whereas the second paradigm focused on community and local coping strategies to

restore well-being in victims (Stark, 2006). In the Stark study, 121 women were interviewed about their well-being and integration back into their communities. Data demonstrated that the women who had undergone religious “cleansing” ceremonies wherein the religious leaders placed hands upon the women and washed them in front of the entire community were fully reintegrated to their community and saw a more holistic recovery and reintegration as opposed to those who were treated by the Western paradigm of individual self and biomedical diagnosis (Stark, 2006). Thus, the importance of cultural factors and communal implications must be taken into consideration during any recovery effort.

Democratic Republic of the Congo Regional Conflict

The effects of war transcend national boundaries. In 1991, border hostilities between the Democratic Republic of the Congo (DRC) and Rwanda broke out due to the Rwandan genocide which ultimately turned into an intense regional conflict in 1994 (Pratt & Werchick, 2004). Within the DRC, armed groups, state actors, and criminals were guilty of raping women during the conflict, but systematic rape as a weapon of war began to take form after the insurgents of the Rwandan military entered the DRC (Maedl, 2011; Trenholm, Olsson & Ahlberg, 2009). During the conflict rape was used by the assaulters for various reasons. A 2003 study by Penn and Nardos notes that the categories of rape included punitive rape, status rape (to show rank), ceremonial rape (social sanctioned rituals), exchange rape (genital contact used as a gesture of conciliation), theft rape (abduction), and survival rape (women willingly giving

themselves to men in order to survive). A theme apparent in all rape instances in the DRC was that they were committed with the intention to humiliate and dominate local populations, though, in some cases, specific acts were purportedly committed from within their own groups against families and communities that were allegedly sympathizing with the “enemy” (Pratt & Werchick, 2004).

The women who were raped during the conflict dealt with tremendous barriers to acceptance by their communities because a woman’s value in the DRC is directly associated with virginity, wifehood, and bearing children (Pratt & Werchick, 2004). Furthermore, most women that were raped were automatically assumed to be HIV-positive regardless of testing which meant these women were quickly ostracized and isolated from their communities (Trenholm, Olsson & Ahlberg, 2009). In many cases, the husbands of these women refused to accept them due to fear of contracting HIV themselves (Trenholm, Olsson & Ahlberg, 2009). Some women victims were willing to forget the pursuit of justice against their assaulters in favor of reintegration into their communities. This may be viewed as a testimony to their priorities post trauma (Pratt & Werchick, 2004).

The women, facing their own rejection, often struggled to accept their own children as well. Many women reported that they could not help but remember the violence perpetrated against them when they looked upon their child, whereas the husbands of these women often rejected the child as they were reminded of their wife’s assailant (Pratt & Werchick, 2004). These emotions left many women wanting to

separate themselves from their children. In the DRC, abortion is illegal and due to the intense levels of poverty throughout the country which leave too little resources for would-be parents to care for additional children, adoption was not typically an option for these rejected children (Trenholm, Olsson & Ahlberg, 2009).

Rape Myth Acceptance

In order to understand why communities may or may not accept women and their children born of rape, one must first understand the concept of Rape Myth Acceptance (RMA). The foundations of RMA were first introduced in 1975 by Brownmiller to explain mostly inaccurate cultural beliefs that were proposed to be the foundation of sexual aggression perpetrated against women. These rape myths illuminate serious issues related to rape acceptance such as victim blaming, perpetrator absolution, and minimization or rationalization of sexual violence (Payne, Lonsway, & Fitzgerald, 1994). RMA is exacerbated by strong patriarchal systems wherein men hold higher status and have more power than women (Edwards, et. al., 2011). In fact, it is possible to predict a man's own engagement in any form of sexual violence based on their own level of rape myth acceptance (Loh, et. al., 2005).

The most common rape myth is victim precipitation which is founded on the belief that in some way the victim either provoked the rape or in the very least desired the outcome (Bavela & Coates, 2001). This attitude can be personified in three categories, that women "enjoy rape," "ask to be raped," or even "lie about being raped" (Edwards, et. al., 2011). There is evidence that women in communities can reject other

women and further believe the rape myths and blame victims of sexual violence as women may see themselves as exceptions to their devalued group or place in society (Cowan, 2000). Despite the falsehood of these myths, unfortunately, women often wrestle with this personification and in some cases will begin to accept the myths being pointed toward them. The invasion of rape into the heart of women can reduce them to humiliation, degradation, and defilement which leads many to feelings of insufferable self-shame and self-disgust (Moor, 2007). Many survivors are left with feelings of unworthiness and dishonor due to the violent penetration and destruction of what was meant to be a meaningful connection (Bavela & Coates, 2001).

Secondary Rape Victims

Over the past several decades there have been substantial contributions in scholarship related to the effects of wartime rape and the women that are left behind, however, fundamental gaps of knowledge remain, especially as it relates to the children born as a result of rape (Denov, 2015). Yet, the WHO has noted that children born from rape are often unwanted, socially ostracized, and face infanticide, and potential neglect/stigmatization (2000). It was only recently that these children were considered “secondary rape victims,” thus attaching the violence of rape to not only the woman it was perpetrated against but also to the child that was born as a result (Daniel-Wrabetz, 2007). In scenarios specific to wartime, these children have been considered secondary victims of war as their communities may stigmatize or altogether ostracize them (Ee & Kleber, 2013).

These secondary victims of war experience very real biological and socio-cultural challenges. Evidence exists that there are very real health risks associated with children carried to term wherein the mother had experienced trauma (Carpenter, 2007). The mother's stress can strain fetal brain development, result in lower birth weights, lead to development of metabolic syndromes, and cause other diseases (Ee & Kleber, 2013). The mother's own trauma can cause a lack of sensitivity and care for the child which only exacerbates the symptomatology of their children (Ee, Kleber, & Mooren, 2012). In fact, at times these secondary victims have noted that they feel targeted by their mothers as the very object of their own hatred (Erjavec & Volčič, 2010). Furthermore, these children are often seen as a child of the enemy which is particularly true in strong patriarchal cultures wherein the father's identity dictates the child's identity (Hogwood, et. al., 2014, Weitsman, 2008). Nonetheless, in situations where the mother was empowered, encouraged, and accepted, the children are more likely to overcome their own struggles as the health of both the child and mother are closely linked together (Erjavec & Volčič, 2010).

CHAPTER 3: METHODOLOGY

Population Sample

The population sample that was studied were Yezidis from Sinjar, Iraq that are currently residing in Seje Village, Iraq as IDPs. In the Spring of 2015 there were roughly 7,000 Sinjari Yezidis living in Seje Village, however, the number of those residing in Seje Village as of 2018 was approximately 2,400 individuals due to many returning to Sinjar

after ISIS was removed from Sinjar District. We interviewed 100 heads of households. Our methodology relied on dual husband/wife reporting, so that the unit of analysis was either husband/wife or both in a single household. Furthermore, a couple counted as one household the same as we count a husband-only interview as one household. Data were collected from individuals who were eighteen years of age or older. If a respondent did not know his or her age, he/she was excluded from the study. Additionally, if an interviewee was not a head of household, a head of household's wife, and/or a Yezidi from Sinjar, he or she was excluded from the study.

Type of Data and Collection Methods

The data for this study was obtained through a 25-question attitudinal survey consisting of three distinct parts. (1) Six questions were demographic in nature. (2) Four questions were related to the interviewee's association with the women who had been abducted and raped by ISIS and their children born through rape. (3) The final fifteen questions were multiple-choice questions related to the interviewee's attitude toward the subject matter. Before the survey was administered, participants were asked for a verbal consent in order to participate in the study.

The survey was administered by Mr. Khalid Khudeda, a Sinjari Yezidi IDP. He is an internally displaced person from the same ethnicity and religion and resided in the same type of unfinished home as the rest of the community members at the time of this survey. He had prior experience administering household surveys in the community and was directly supervised by Dr. Paul Kingery, a public health doctor from the United

States, who maintains a database as part of a larger effort in Seje Village that assures residents receive equitable distribution of goods and services to aid the IDPs. Khalid was responsible for speaking to and recording responses from survey participants. After all responses were recorded, Dr. Kingery entered the responses into an Excel database while ensuring the survey was fully completed. The data were stored in Dr. Kingery's password protected laptop. No personal identifiers were used in any reporting to the primary investigator. Upon completion, the data were stored in a locked safe in the MedEast office and subsequently deleted from the laptop for higher security. The dataset was completed and sent to the P.I. for analysis. No personal identifiers on the data were received and the safe handling of the data was assured.

Survey Instrument.

Gender	Male	Female		
Marital Status	Married	Single		
Caste	Faqier	Mereed	Peer	Sheik
How many male children do you have?				
How many female children do you have?				
Age				
Statement	Yes	No	Don't Know	
Do you know any women who were forcibly married while in captivity?				

Do you know any women who were impregnated while in captivity?				
Are you related to any women who were impregnated by their captors?				
Are you related to any women who were captured but not impregnated by their captors?				
Do you believe that...	Yes	No	Don't Know	
Women who were not impregnated by their ISIS captors should be reintegrated into the community.				
Women who were impregnated by their ISIS captors but did not give birth to the baby (the baby was aborted) should be reintegrated into the community.				
Women who were impregnated by their ISIS captors and did give birth to the baby but no longer have the child should be reintegrated into the community.				
Women who were impregnated by their ISIS captors and have kept the child should be reintegrated into the community.				
Women who were not impregnated by their ISIS captors should be able to marry Yezidis.				
Women who were impregnated by their ISIS captors but did not give birth to the baby should be able to marry.				

Women who were impregnated by their ISIS captors and did give birth to the baby but no longer have the child should be able to marry.				
Women who were impregnated by their ISIS captors and remain with the child should be able to marry.				
Children born to Yezidi girls/women from ISIS fathers should be baptized into the Yezidi religion.				
If the mother marries, the child fathered by an ISIS captor should be adopted by her new husband.				
The Yezidi mother of a child fathered by an ISIS member should be allowed to live with her child in Iraq in a non-Yezidi community				
The child of an ISIS father and a Yezidi mother should be allowed to stay with its mother in Iraq				
The Yezidi community has a responsibility to protect the children from Yezidi girls/women with ISIS members in their own Yezidi communities				
The Yezidi community has some responsibility to assure that the children from Yezidi mothers and ISIS fathers are protected				
There should be facilities in your community that protect these women and children.				

Data Analysis Methods:

All “yes” answers in the attitudinal portion of the survey indicated an attitude of acceptance and all “no” answers indicated an attitude of nonacceptance. The response,

“don’t know” was considered a neutral response that neither leaned toward or against acceptance. Descriptive (univariate) statistics were analyzed on each question. Responses on questions with the greatest variability in response (questions 8,12-14,17,18) were analyzed using Chi-square tests (and Fischer's exact for small sample size) for independent association of categorical variables both demographic (gender, marital status, caste, number of male children, number of female children, and age) and relationship (questions 1-4) with each outcome. Then, a T-test and ANOVA analyses were used for in-depth association of continuous variables with each outcome. $p < 0.05$ was the significance level for each test. The purpose of this method was to determine if basic demographic information or family “closeness” with the issue of returning women and their children from ISIS explained any of the variance in attitudes toward the women and their children.

CHAPTER 4: RESULTS

Yezidis from the area around Sinjar Mountain in Nineva Province, Northern Iraq who were displaced by the ISIS genocide to unfinished houses in a Christian village in Semel District of Dohuk Province of the Kurdistan Region were surveyed in late July 2018 regarding women and their children sired by ISIS members, after returning from ISIS captivity. The village is unique in that it had 5,000 Christian inhabitants before the genocide, and 7,000 Yezidis settled into unfinished houses there during and after the genocide. Roughly two-thirds returned to Mount Sinjar area in October 2017.

Of the one-third (2,400 people) who remained in the Christian village, a convenience sample of 100 heads of household were surveyed. Demographic questions (age, marital status, number of male/female children, and caste) were asked along with four questions about relation to or knowledge of girls returning from ISIS, and fifteen attitudinal questions. The latter two sections had three response options: Yes, No, and Don't Know. The surveyor was a male Yezidi college student who is well respected in the community. The survey was administered orally in the Sinjari dialect of Kurmanji Kurdish. Data were then entered into an Excel spreadsheet for analysis and double checked for data entry errors. The full results are shown below:

Gender	Male	86	Female	14
Marital Status	Married	91	Single	9
Caste	Faqier	Mereed	Peer	Sheik
	74	22	4	0
How many children do you have? (male, female)	Range	2-15	Mean	6.6
Age	Range	20-79	Mean	40.2
Statement	Yes	No	Don't Know	
Q1. Do you know any women who were forcibly married while in captivity?	33	67	0	
Q2. Do you know any women who were impregnated while in captivity?	30	70	0	

Q3. Are you related to any women who were impregnated by their captors?	29	71	0	
Q4. Are you related to any women who were captured but not impregnated by their captors?	12	88	0	
Do you believe that...	Yes	No	Don't Know	
Q5. Women who were not impregnated by their ISIS captors should be reintegrated into the community.	100	0	0	
Q6. Women who were impregnated by their ISIS captors but did not give birth to the baby (the baby was aborted) should be reintegrated into the community.	100	0	0	
Q7. Women who were impregnated by their ISIS captors and did give birth to the baby but no longer have the child should be reintegrated into the community.	98	1	1	
Q8. Women who were impregnated by their ISIS captors and have kept the child should be reintegrated into the community.	56	36	8	
Q9. Women who were not impregnated by their ISIS captors should be able to marry Yezidis.	98	0	2	

Q10. Women who were impregnated by their ISIS captors but did not give birth to the baby should be able to marry.	98	0	2	
Q11. Women who were impregnated by their ISIS captors and did give birth to the baby but no longer have the child should be able to marry.	97	1	2	
Q12. Women who were impregnated by their ISIS captors and remain with the child should be able to marry.	54	34	12	
Q13. Children born to Yezidi girls/women from ISIS fathers should be baptized into the Yezidi religion.	30	37	33	
Q14. If the mother marries, the child fathered by an ISIS captor should be adopted by her new husband.	30	60	10	
Q15. The Yezidi mother of a child fathered by an ISIS member should be allowed to live with her child in Iraq in a non-Yezidi community.	97	1	2	
Q16. The child of an ISIS father and a Yezidi mother should be allowed to stay with its mother in Iraq.	99	0	1	
Q17. The Yezidi community has a responsibility to protect the children from	72	27	1	

Yezidi girls/women with ISIS members in their own Yezidi communities.				
Q18. The Yezidi community has some responsibility to assure that the children from Yezidi mothers and ISIS fathers are protected.	70	26	4	
Q19. There should be facilities in your community that protect these women and children.	95	4	1	

Of the 100 heads of households, 86 were male and 14 were female. All survey participants completed the questionnaire in its entirety. Of the participants, 91 were married and nine were single. Seventy-four participants self-identified their social caste as Faqier, 22 as Mereed, and 4 as Peer. No survey participants identified themselves within the Sheik class. All participants had a number of children ranging from two through 15 with the mean number of children being 6.6. The age range of the respondents was 20 to 79 years old with the mean age being 40.2 years old.

Sixty-seven percent of households interviewed responded that they did not know any women who were forcibly married while in captivity, while 33% reported that they did know women who were forcibly married while in captivity. Thirty of the 33 respondents who knew a woman that was forcibly married while in captivity also indicated that they knew a woman who was impregnated while in captivity. Seventy percent of the participants did not know any of the women who were impregnated

while in captivity. Of the 30 respondents who knew of a woman impregnated while in captivity, 29 noted that they were related to a woman who was impregnated by their captor, while 71% of participants indicated that they had no relation to any women impregnated while in captivity. Eighty-eight percent of participants were not related to women who were captured but not impregnated, and 12% of respondents were related to woman who were captured but not impregnated.

All study participants were in full agreement that women who were not impregnated by their ISIS captures and those who were impregnated but aborted their baby should be reintegrated into the Yezidi community. Similarly, 98% believed that women who were impregnated and gave birth but no longer have the child should be reintegrated in the community, while 1% indicated that the woman should not be reintegrated and 1% answered "don't know." However, 36% believed that women who were impregnated in captivity and have kept the child should not be reintegrated into the Yezidi community. Eight percent were unsure and 56% did believe that such women should be reintegrated.

No participants believed that in both scenarios where women who were not impregnated by ISIS and those who were but did not give birth to the baby should be unable to marry, whereas 2% indicated that they were unsure. Only 1% of participants believed that women should be unable to remarry and 2% were unsure in scenarios where the woman that was impregnated by ISIS captors and gave birth to a baby but no longer have the child and 97% affirmed that in this scenario women should be able to

marry. However, 34% thought women who were impregnated by their ISIS captors and still remain with the child should not be able to marry, while 12% were unsure and 54% affirmed that women in this scenario ought to be able to marry.

A slight majority of participants, 37%, did not believe that children born to Yezidi women from ISIS fathers should be baptized into the Yezidi religion, whereas 33% indicated that they were unsure and 30% did believe the children should be baptized into the Yezidi religion. A strong majority, 60%, indicated that children fathered by ISIS captors should not be adopted by a woman's new husband if she marries, while 10% indicated they were unsure and 30% believed that the child should be adopted. Nonetheless, 97% felt that the mother of a child fathered by an ISIS member should be allowed to live with her child in Iraq in a non-Yezidi community, while 1% were against the idea and 2% were unsure. Likewise, 99% believed that a child of an ISIS father and Yezidi mother ought to be able to stay with his/her mother in Iraq—only 1% were unsure.

Seventy-two percent of the respondents indicated that the Yezidi community has a responsibility to protect children born from Yezidi women with ISIS members in their own Yezidi communities, while 27% were against the idea and 1% were unsure. Similarly, 70% believed that the Yezidi community had at least some responsibility to assure that these children were protected whereas 26% did not believe that to be true and 4% were unsure. Nonetheless, 95% of all participants believed that there should be

facilities in their own community that protect these women and children, while 4% did not agree and 1% were unsure.

Statistical Tests

The tables within this section, I-VI, show the outcomes of the Chi-square and Fisher's Exact Tests regarding the respondents' demographic information or relationship and how it relates to attitudes of acceptance for questions that had the greatest variability of acceptance. Table VII, displays the results of T-test and ANOVA results on how the respondent's own number of male or female children influenced their attitude of acceptance toward the women and children.

The following table displays the relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to have an attitude of acceptance toward reintegrating women that kept their child.

Table I. Reintegrating Women That Kept Child (Question 8)

Variable	Chi-Square p-value	Fisher's Exact Test p-value
Age	0.3535	0.6697
Relationship	0.2526	0.6717
Gender	2.1365	0.2050
Caste	0.0362	1.0000
Marital Status	0.0442	1.0000

Note: 8% of the data were missing as "don't know" responses were excluded from the analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to have an attitude of acceptance toward reintegrating women that kept their child.

The following tables shows the relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to have an attitude of acceptance toward women being allowed to remarry that kept their child.

Table II. Women Marrying (Question 12)

Variable	Chi-Square p-value	Fisher's Exact Test p-value
Age	1.5546	0.2737
Relationship	0.2588	0.6644
Gender	0.0274	0.2566
Caste	1.5977	0.3120
Marital Status	1.3109	0.1984

Note: 12% of the data were missing as "don't know" responses were excluded from the analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to have an attitude of acceptance toward women being allowed to remarry that kept their child.

The following table explains the statistical relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood agree that children born of ISIS captors should be baptized into the Yezidi religion.

Table III. Baptizing the Children (Question 13)

Variable	Chi-Square p-value	Fisher's Exact Test p-value
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Age	1.7160	0.0141
Relationship	0.6979	0.7208
Gender	1.2390	0.5874
Caste	2.8765	0.2566
Marital Status	0.0729	1.0000

Note: “don’t knows” were included in this analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent’s age, relationship, gender, caste, or marital status and his/her likelihood agree that children born of ISIS captors should be baptized into the Yezidi religion.

The following tables displays the relationship between the respondent’s age, relationship, gender, caste, or marital status and his/her likelihood to agree that children born of ISIS captors ought to be adopted by the Yezidi husband of their mother.

Table IV. Yezidi Husband Adopting Child (Question 14)

Variable	Chi-Square p-value	Fisher’s Exact Test p-value
Age	1.8080	0.2624
Relationship	0.2009	0.6620
Gender	1.0573	0.1539
Caste	0.0334	1.0000
Marital Status	0.0000	1.0000

Note: 10% of the data were missing as “don’t know” responses were excluded from the analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to agree that children born of ISIS captors ought to be adopted by the Yezidi husband of their mother.

The following table shows the relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to believe that the Yezidis should protect the children sired by ISIS captors within their own communities.

Table V. Protect Children in Yezidi Community (Question 17)

Variable	Chi-Square p-value	Fisher's Exact Test p-value
Age	0.5455	0.5045
Relationship	0.1086	0.8222
Gender	0.9445	0.3335
Caste	0.3130	0.7980
Marital Status	0.9576	0.4406

Note: 1% of the data were missing as "don't know" responses were excluded from the analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to believe that the Yezidis should protect the children sired by ISIS captors within their own communities.

The following table shows the relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to agree that the Yezidi community has a responsibility to protect children born from ISIS captors.

Table VI. Responsibility to Protect Children (Question 18)

Variable	Chi-Square p-value	Fisher's Exact Test p-value
Age	1.2773	0.3582
Relationship	0.9222	0.3650
Gender	1.4769	0.2970
Caste	0.2898	0.7966
Marital Status	0.0192	1.0000

Note: 4% of the data were missing as "don't know" responses were excluded from the analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent's age, relationship, gender, caste, or marital status and his/her likelihood to agree that the Yezidi community has a responsibility to protect children born from ISIS captors.

The following table shows the relationship between the respondent's number of male and female children and his/her likelihood to agree that the Yezidi community has a responsibility to protect children born from ISIS captors.

Table VII. Male/Female T-Test

	Yes		No		P-Value
	Mean	StdDev	Mean	StdDev	
Reintegrating Women That Kept Child (Q8)					
Female Children	3.1607	2.1301	3.3611	1.9443	0.6499
Male Children	3.2143	1.7655	3.3611	2.0860	0.7179
Women Marrying (Q12)					
Female Children	3.0741	2.0174	3.5294	1.8787	0.2929
Male Children	3.0370	1.6819	3.6471	2.0283	0.1300
Baptizing the Children (Q13)					
Female Children	2.9000	2.1869	3.4864	2.0766	0.4903
Male Children	3.0667	1.7406	3.0667	1.8864	0.2920

Yezidi Husband Adopting Child (Question 14)	Mean	StdDev	Mean	StdDev	P-Value
Female Children	3.4000	2.3282	3.2833	1.8964	0.7996
Male Children	3.3000	1.7840	3.2500	1.9798	0.9074
Protect Children in Yezidi Community (Question 17)	Mean	StdDev	Mean	StdDev	P-Value
Female Children	3.2222	2.0364	3.3333	1.9415	0.8071
Male Children	3.2083	1.8685	3.5556	1.9282	0.4163
Protect Children in Yezidi Community (Question 18)	Mean	StdDev	Mean	StdDev	P-Value
Female Children	3.2143	2.0493	3.0000	1.6733	0.6345
Male Children	3.2571	1.8703	3.3846	1.9407	0.7696

Note: “don’t know” responses were excluded from the analysis. Significance was set at the $p < 0.05$ level

There was no statistically significant relationship between the respondent’s number of male and female children and his/her likelihood to agree that the Yezidi community has a responsibility to protect children born from ISIS captors.

CHAPTER 5: DISCUSSION

Initially, the hope was that by surveying head of households, access would be made available to more women being involved in the survey process as it was not possible to ask to survey women alone. Nonetheless, the vast majority of participants who responded to the survey were men. Nonetheless, the community that was surveyed was more eager to answer the questions than first anticipated as every participant that was surveyed was willing to complete the questionnaire in full. It was expected that respondents would be married and approximately middle-aged with

children, as the survey focused primarily on individuals that were classified as head of households.

The Faqier caste translates literally to “poor” which is the majority population (caste) within Yezidi society and were the primary respondents of the survey. There were some respondents from other groups within the Mereed caste and a few Peer participants as well. There were no respondents from the Sheikh caste. It was unlikely to capture the opinion of an individual from the Sheik caste due to the limited number of those with the highest status of “Sheik” within Yezidi society.

It was not anticipated that the basic demographic information gathered from the participants would have no bearing on the attitudes of acceptance toward women, women with child, and the children. Surprisingly, the analysis of the data did not show any meaningful connection between any demographic information and a participant’s attitudes of acceptance. Nonetheless, if more singles and women were surveyed there may have been data to support a greater correlation of variance among responses within those groups, but as discussed previously, the ability to gain access to those members of society was extremely limited. Additionally, it is worth noting that there was a marginally significant correlation between age group of respondents and the willingness to accept women who want to marry. It is possible, though not conclusive, that the younger participants from the study who were closer in age to those women returning from ISIS captivity, may more easily identify with the women and accept those who desire to marry and move forward with their lives within the Yezidi community.

Based on my own observations in the village studies, the Yezidi community is a small, tight-knit ethnic group that typically shares information freely from person to person quickly. For this reason, it was unexpected that only a third of the respondents indicated that they knew women who had been forcibly married and impregnated while in ISIS captivity. Almost all the participants who knew of these women were directly related to them. These findings may imply that the real stories of these women and their children are deliberately withheld from the community by their family members so as to not draw any unwanted attention to the matter.

It was unexpected that neither knowing a woman who was forcibly married and/or impregnated, nor being related to that woman had any significant influence on the attitude of acceptance toward the women, women with a child, or the child. These findings suggest that there was an undocumented variable (or variables) that was stronger than relational bonds or personal characteristics like age or number of children. It is possible, though unproven, that the missing variables were the deep rooted practices of the community's culture and religion. The population has been heavily influenced by their religion and their religious leaders' interpretation of their religion for generations. For generations this community has been largely untouched by outside influence and has been fully directed by their religious leaders, and though unproven, this study appears to indicate that cultural and religious convictions may be the true source of attitudinal unity within this community and this variable would be difficult to measure.

Based on the case reports documented earlier, there was substantial anecdotal evidence that the community was knowingly rejecting the women who had been captured and forcibly married by ISIS. However, the results of this study unequivocally disproved that assumption, given the entire set of participants were in full agreement with the need to rally around and accept the women who had been captured by ISIS and returned without a child. Whether the woman was never impregnated, or she was impregnated but no longer had the child did not alter the almost complete support for these women. Clearly, the sympathy of the community lies with the women who were forcibly married and raped. Nonetheless, the assumption that there would be a lack of acceptance toward the child was proven to be true as this is consistent with what was found in the literature regarding RMA. It was when the participants were asked about women who returned with a child that was fathered by an ISIS captor that opinions began to be mixed. In fact, over a third of the study participants held an opinion toward non-acceptance of reintegrating the women in scenarios when the child of the ISIS father was still present with them. Thus, demonstrating there was hesitation toward accepting even the mother if she had returned to the community with an ISIS fathered child.

The pattern of acceptance toward the women but not the children sharpened when the questions turned toward marriage. Women who were not impregnated while in captivity or that were impregnated in captivity but returned without their child were universally considered able to marry a Yezidi man and return to full status and reintegration into the Yezidi community. Again, a third of the participants' attitudes moved toward rejecting the idea of allowing marriage for the women if they did return

to the community with an ISIS fathered child. This common theme demonstrates that empathy and support was afforded the women but not necessarily to her ISIS fathered children. The mere presence of the child with his/her mother was enough to shift a meaningful number of the participant's opinions toward rejection of full reintegration and rights of the mother.

As expected, the majority of the participants did not believe that children born from ISIS fathers ought to be baptized into the Yezidi religion which would ultimately provide the children full status and rights within the Yezidi community. The study respondents tended to see the father as the determinant of the baby's ethnicity in case of such a mixed marriage/rape. This concept is written into the law in Iraq (Coles & Nabhan, 2018). The ISIS fathered children of the Yezidi women are labelled Muslim Arabs rather than Yezidis on their identification cards ("Children born," 2018). The children are given the name of their terrorist father and his father, rather than the names of any Yezidi males within their own family. According to Dr. Kingery of MedEast, there is no provision in the law for the Yezidi mother to have official custody of an Arab Muslim child born out of wedlock without a decision from a sympathetic judge (though there are some in the Kurdistan Region). The child is sometimes labeled as "ISIS" due to the father's membership in that group, and certain members of the community expect such children to grow up to be violently hostile toward the Yezidi people. This notion is consistent with reports in the literature that children born from war rape are often seen as a child of the enemy which is particularly true in strong patriarchal cultures wherein the father's identity dictates the child's identity (Hogwood, et. al., 2014, Weitsman,

2008). Thus, it is unsurprising that among Iraqis' strong patriarchal society both amongst its religion and its laws, there is an established bias that these children will grow to be their future enemies.

Within the same context, the majority of study participants agreed that a child fathered by an ISIS captor should not be adopted by a woman's new husband should she decide to marry. In fact, Iraqi law correspondingly prohibits Iraqis to obtain guardianship over a child of a different religious faith (Adoption, n.d.). Not only was there a lack of acceptance toward the idea of the husband adopting the child, the current Iraqi law prohibits this practice as well. Therefore, there are more hinderances to a child being accepted than cultural and religious beliefs at work in this scenario. There is also systematic language within the country's own law that enables the legal alienation of a child from access to not only the Yezidi community but to any local community within Iraq's society.

There was some sympathy, however, toward the children and the women who choose to stay with their children. Despite the lack of acceptance for the children to participate conventionally within their own community, it was unexpected that nearly all of the study participants agreed that the mother of a child fathered by an ISIS member ought to be able to live in a non-Yezidi community within Iraq. Furthermore, an even greater number of respondents approved that ISIS fathered children should have the right to stay with his/her mother within Iraq, however, just not within the normal context of the Yezidi community. Most of the study participants believed that

the Yezidi community does have at least some level of responsibility in assuring that the children themselves are both protected and cared for. The complexity of the situation for these children cannot be understated as there was an unmistakable desire for these children to be protected, yet there is no acceptable place within their own Yezidi families or even the Iraqi society at large for these children and their mothers to freely belong.

Finally, almost all participants felt that there should be facilities within their own Yezidi community that actively protect the women and their ISIS fathered children who had returned from captivity. While this fact did not indicate a desire among study participants for a full societal integration, it was a glimmer of hope that the Yezidi community at large does genuinely feel at least some responsibility toward these women and children. By believing there should be a facility right within their own community, though separated, there is hope that future progress could be made toward a full integration of these women and children as the community heals from the war.

This study has demonstrated that both the Yezidi community and Iraqi law are under-equipped and insufficient to address the stark realities of long-term recovery of women and children that were victims of war rape. There is an underwhelming amount of resources of public health and safety infrastructure, organizations, and workers to aid in the long-term recovery of this community, the raped women, and the ISIS fathered children (Castelier & Daycard, 2018). Compounding the effect is that the Yezidi community has been generationally renown as isolationists that shy away from any interference into their community's culture, religion, and uniform practices (Ashper-

schapiro, 2014; Green, 2014). As a result, there are no substantial arrangements in place to aid this community to overcome the difficult situations in which they find themselves, especially as it relates to those who have been the most affected by the war – captured women and ISIS fathered children.

The long-term implications of this study point to bleak outcomes for children sired by ISIS fathers if nothing is done to aid in their care, protection, and societal acceptance. The children that were the focus of this study will likely face the outcomes described by the WHO wherein these children may find themselves unwanted and socially ostracized, face infanticide, and potentially be neglected or stigmatized by their society (“World Health Organization,” 2000). The mothers of these children will unfortunately be faced with the difficult decision to either abandon their children in order to gain their own acceptance or to keep their child and potentially face their own rejection by their society. This could lead to eventual feelings of ill-will and resentment between both mother and her child as it is fully possible that the child could even become the object of the mother’s hatred (Erjavec & Volčič, 2010).

Further research should be undertaken in order to adequately understand the effect religious beliefs have on the outcome of acceptance of women who were captured by ISIS and gave birth to ISIS fathered children. It is very possible that the general religious beliefs could be the greatest factor in gaining acceptance by the community as the community’s culture is directly intertwined with its religion. Further studies should also be completed to determine the level of influence the opinions of the religious

leaders of the Yezidi religion have upon the overall attitude of acceptance toward these women and children. If a link is found and interventions developed to affect religious leader's attitudes, support could lead to the most complete and quickest path to acceptance and healing among the community. Lastly, further study is needed on the relationship between the Iraqi laws and rights afforded to raped women and their children in Iraqi society. Understanding the relationship between those laws and the individual's rights could determine whether a truly lawful path to acceptance exists within their country's justice system. This may lead to legislation by that could provide legal paths to facilitate reintegration and full societal acceptance into the Yezidi community for both the returning women and their children.

Conclusion

The Yezidi community has an overall attitude of acceptance toward the women who were captured and forcibly married to ISIS combatants, but the deeply engrained culture prefers that she not keep the ISIS fathered baby, or if she keeps the child, that they live outside of the traditional parameters of the Yezidi community and recognize that the child will not be accepted in the Yezidi culture and community. It is the child born of rape, therefore, who is the least supported individual in the Yezidi culture. Virtually all Yezidi girls who deliver babies from ISIS fighters want to keep those babies, but they have little chance of that child being accepted into the Yezidi community or even Iraqi society at large. The babies that are given up are usually kept

briefly in the Kurdistan Region or in the city of Mosul, Iraq before they are claimed by authorities from Baghdad and relocated there.

From a humanitarian perspective, every effort should be made to involve Yezidis in the care of such children and their mothers, whether within the Yezidi community or elsewhere. There are virtually no such efforts underway at present, so this remains a significant gap in the long-term recovery from the Yezidi genocide. According to Dr. Kingery of MedEast, neither of the two shelters for women and children located in Yezidi communities in Nineveh accept mothers with babies sired by ISIS fighters. Purportedly, they are gruffly refused at the door and told to return to their rapists' families for any help that they need. The local government shelter in Dohuk accepts them, but they are subjected to inhumane treatment by the other Muslim women in the institution. Only one private facility exists in the region where a Yezidi mother of a child sired by an ISIS fighter can live safely together. It is located in the same village where the survey was conducted. Support for that single facility is of critical importance, as it attempts to build a new model for the care of these mothers and babies facing such extreme levels of bigotry and discrimination. As more such mothers and babies return from Syria and ISIS held regions of Iraq in the months ahead, the expansion of such facilities will be required for the long-term health and wellbeing of both woman and child.

Epilogue

The results of this study were presented at the First International Conference on the Yazidi Genocide on August 15, 2018 in Erbil, Iraq by Dr. Paul Kingery, the Executive Director of MedEast Organization. After the conference presentation, a front page Wall Street Journal article was published that highlighted the plight of the Yezidi women in question, as well as, the safe house being run by MedEast.

Conference Publication: <http://www.rudaw.net/english/world/15082018>,

Conference Video: <https://www.facebook.com/Rudaw.net/videos/449975492152502/>

WSJ Article: <https://www.wsj.com/articles/nisreens-choice-women-rescued-from-islamic-state-are-told-to-leave-children-behind-1535025600>

The findings were immediately embraced by the U.S. government's State Department in Washington, D.C. and are expected to lead to partnering between the U.S.A.I.D and MedEast in care for the Yezidi women and their babies of rape. The German government's organization GIZ also embraced the survey results and moved to collaborate with MedEast to improve the recruitment of the Yezidi girls and babies and to link them to streamlined immigration services to place them in Germany. The effects of the study on the Yezidi community, and their support/hindrance of the MedEast Safe Home Gula Nissani efforts to aid the girls and babies, remains unknown. Evidence of opposition to the MedEast efforts from organized Yezidi factions appeared to continue after presentation of the data to that community in the televised conference. Whether

the exposure of this issue to international public scrutiny will bring change in the desired direction of protection toward the girls and their babies remains to be seen

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