THE GENDERED EFFECTS OF VIOLENCE:

WAR, WOMEN'S HEALTH AND EXPERIENCE IN IRAQ

by

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STATEMENT BY AUTHOR

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DEDICATION

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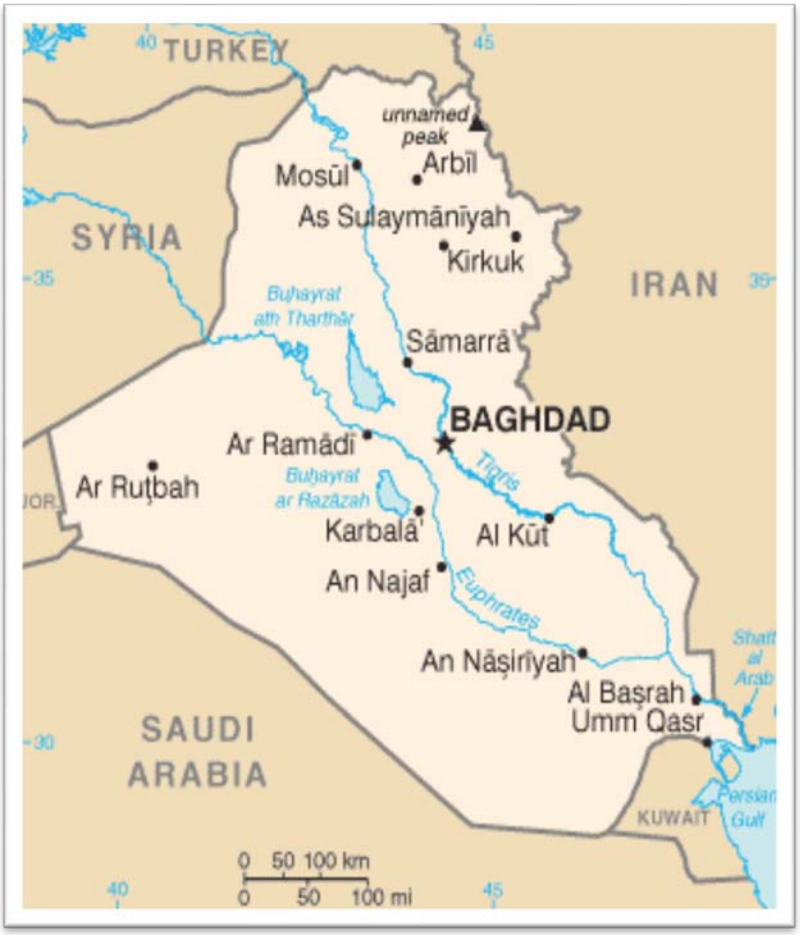
ABSTRACT

The violence stemming from the occupation and civil war between 2003 and 2008 in Iraq redefined the oppression and suffering of Iraqi women, disrupting and shifting their social and familial roles, while also making them vulnerable as targets in the civil conflict. This thesis demonstrates the complexity of motive and aim to the violence committed against Iraqi women and argues that the effects of that violence were far more wide reaching and layered than simply the impact of the violent act itself. Because of this, the effects of violence go beyond the battlefield and affect women in the most intimate way possible – their lives, their health and that of their children. By analyzing how violence has intruded upon and shaped the daily reality of Iraqi women one is able to better understand the gendered experience of conflict and violence in Iraq and its responsibility for the deterioration of Iraqi women's health and well-being.

LIST OF ACROYNYMS USED

ESCAP	United Nations Economic & Social Commission for Asia and the Pacific
HRW	Human Rights Watch
ICRC	International Committee of the Red Cross
IDMC	International Displacement Monitoring Centre
IRIN	Integrated Regional Information Network
PHR	Physicians for Human Rights
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific & Cultural Organization
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Development Fund
WHO	World Health Organization

MAP OF IRAQ



(CIA, 2010)

INTRODUCTION

The impact of warfare has shifted over the past century. In World War I, 15% of casualties were civilians. By World War II, this figure rose to 65% and today, 90% of war-related deaths are civilians, mainly women and children (Nettnin, 2005; Pettman, 1996).[1] The indiscriminate nature of the recent trends of warfare spares no one; everyone is a potential victim and all are affected by the traumas of war. This is especially evident in the case of Iraq following the 2003 U.S. invasion. The fall of Saddam Hussein's regime, the Coalition occupation, the insurgent battles and the sectarian violence of the post-war years produced a pattern of violence that erased the previously assumed boundaries between the battlefield and the home. As a result, the notion of the home as a protected space has been shattered (El Jack 2003; Afshar, 2003; Green, 1999; Byrne, Marcus & Power-Stevens, 1996).

Despite the Bush Administration's rhetoric about "liberating"[2] Iraqi women, violence became a fundamental element in the everyday lived experience of the Iraqi population as instability and civil conflict increased. While both men and women were adversely impacted by war, the experience was not completely shared. Due to their socially and biologically determined differences, women have been uniquely impacted by

[1] Pettman (2005) and Nettnin (2005) agree with in contemporary conflicts, the civilian casualty rate hovers around 90%, but they differ on the figures from past wars. Pettman argued that in World War 1, civilian casualties were 20%, 50% in World War II, and 80% in the Vietnam War (p.63).

[2] One of the primary justifications for the US invasion of Iraq was to "save" and "liberate" Iraqi women. However, not only is this discussion beyond the scope of this thesis, but focusing on this rhetoric risks overly politicizing the very personal suffering of Iraqi women. For further reading, I highly recommend Al-Ali & Pratt (2009) *What Kind of Liberation? Women and the Occupation of Iraq.* This work is one of the first pieces to critically and comprehensively examine how Iraqi women have coped since the 2003 invasion. I also recommend Chapter 6: "Living with the Occupation" pages 214-259 in Al-Ali's (2007a) *Iraqi Women: Untold Stories from 1948 to the Present*.

war and conflict (International Committee of the Red Cross [IRIC], 2008; El Jack 2003; Rehn & Sirleaf, 2002; World Health Organization [WHO], 2002; UN Security Council, 2002). Iraqi women have been victimized through the conflict because they have an increased vulnerability, however, this does not mean Iraqi women should be relegated to the role of the victim – they have been forced to negotiate the challenges created by the violence every day. Afshar (2003) observes, "Most women…experience violence as a matter of daily life and devise strategies to cope with it" (p. 181). Over the course of the conflict, the constant threat of violence eroded women's physical and mental well-being, as a result, women suffered from different problems. Rehn and Sirleaf (2002) maintain that "the long-term effects of conflict and militarization create a culture of violence that renders women especially vulnerable after war" (p.1). While the war in Iraq has officially ended, the occupation and the violence that resulted exacerbated women's suffering and vulnerability (Zangana, 2007; Al-Ali, 2005; Ismael, 2004). Because women play a pivotal role in the public and private sphere, the repercussions of women's suffering and the deterioration of their well-being stands to be a disruptive force in Iraqi society in the present as well as the future, drawing the effects of war over generations. In Iraq, violence permeated all areas of Iraqi women's lives, reshaping their daily reality and exposing them to increased risk and trauma, a fact that is reflected in their somatic experiences, or those which pertain to their bodies.

This thesis examines the different types and manifestations of violence committed against Iraqi women and argues that the effects of that violence were far more wide reaching and layered than simply the impact of the violent act itself. From this, this thesis

shows how the violence stemming from the occupation and civil war between 2003 and 2008 redefined the oppression and suffering of Iraqi women, disrupting and shifting their social and familial roles, while leaving them vulnerable as targets within the civil conflict. Using a multidisciplinary approach, this thesis analyzes the ways violence has intruded upon and shaped the daily reality of Iraqi women. Furthermore, this thesis seeks to humanize the effects of violence by giving a voice to Iraqi women through their narratives of their own experiences. Through this, one is more clearly able to understand the gendered experience of conflict and violence and its responsibility for the deterioration of Iraqi women's health and well-being and their ability to fulfill their social and familial roles.

It is crucial to note that Iraqi women are not a homogeneous group and each has been affected by the violence in different ways. Whenever possible, this thesis will consider the varied gendered experiences of conflict from the perspectives of Iraqi women, each of whom represents a different aspect of Iraqi society. Their experience of violence varies depending on their geographic location, ethnicity (Arab or Kurd), religion (Christian, Sunni, or Shi'a), social class, or the area in which they reside. This last point is especially pertinent because the city of Baghdad is cantonized into religiously uniform and distinct neighborhoods, each of which was uniquely affected by the conflict. Because most of the information available pertains to Baghdad and the southern regions of Iraq and does not always adequately define the specific religion or area of residence of the subjects. For the most part, this thesis excludes Kurdistan because the region itself has experienced violence in a different manner than central and southern Iraq.

Since it is difficult to separate the chronic social and health effects of the current conflict from previous wars and sanctions, it is important to provide a baseline from which to evaluate the experience of Iraqi women in the post-2003 period. The first chapter provides a historical framework by highlighting the changes to the status of women's health and their familial and social roles during the social, economic, and political transformation of Iraq throughout the latter portion of the Ba'ath period (1968-2003). Statistically, the negative health indicators demonstrate the poor status of women's health, but they do not explain the trajectory of the decline and the suffering and oppression Iraqi women have experienced. Finally, in order to provide a context for the remainder of this thesis, this chapter provides a brief overview of the patterns and trends of violence in Iraq between the years 2003 and 2008.

The third chapter scrutinizes the many different forms of violence against women committed by community members, Coalition forces and Iraqi security and military forces and demonstrates how the effects of war and violence extend beyond the battlefield and penetrate into the home. At the state level, the Coalition forces and Iraqi security and military forces physically and sexually exploited and victimized women in order to gain information crucial to the War on Terror and to protect the security of the Iraqi state. At the community level, criminal gangs, militias and conservative Islamist groups used a number of different forms of gender-based violence as a tactic to further their political, economic, or religious objectives in post-2003 Iraq. Through the narratives of Iraqi women, this chapter also examines the motivations of the various actors and the means they have utilized to achieve their goals. In this, it is apparent how women have

situated themselves in the face of violence and their often dehumanizing experiences. This chapter also analyzes the circumstances that allowed violence against women at the state and community level to emerge and spin into a vicious cycle, affecting society on a broader basis and leaving women as vulnerable targets within the conflict. This is an effective tactic because, as this thesis demonstrates, women embody the honor of not just their families, but of their communities as well. In effect, women are strategically turned into symbolic pawns; by attacking a woman, one is able to attack the honor of the community as well. Whether or not an Iraqi woman was personally a victim of violence, her perception of the violence redefined her daily reality, expectations and fears. This new perception restricted her autonomy and freedom of movement, limited her economic potential and engrained a sense of psychological and physical fear into her daily experience. The violence has victimized Iraqi women at all levels, turning their violent exploitation into normalized tactics of the war itself while simultaneously infringing upon their ability to physically and emotionally fulfill their familial and social roles – which, as this chapter demonstrates, can have enduring and perhaps even fatal repercussions.

The fourth chapter demonstrates the resilience of the direct and indirect effects of violence and that they played a prominent role in the somatic experience of Iraqi women. The occupation and the civil violence between 2003 and 2008 took a toll on reproductive and maternal health as well as the health of infants and children. This chapter examines how the effects of violence go beyond the battlefield and affect women in the most intimate way possible – their health and that of their children. This section explores how the practical realities of violence contribute to an increased risk and trauma to women's

reproductive and maternal health and that of their children. Though physical effects of violence are more palpable, the often unquantifiable social, emotional, and unseen somatic residues of violence have consequences as well, many of which will continue to affect the Iraqi population years into the future.

In order to meet the aforementioned goals, this thesis utilizes a variety of sources taken from academia, governmental agencies, international non-governmental organizations (NGO), UN development agencies, and the news media, which are supplemented by the narratives of Iraqi women. It is important to note the limitations on the availability and quality of sources to researchers on the situations in Iraq during this time period. Since I was unable to conduct my own research in Iraq, I was forced to rely heavily on journalistic and non-academic sources, which I chose selectively based on their plausibility and credibility as well as what sources they used. Such a methodology can be both useful and problematic for many reasons. Journalistic sources are very timely and are often the first to break a story. In many instances, they serve as the *only* medium for dissemination, particularly if political pressures stifle information at later dates. In the case of Iraq, many journalistic sources relied upon local reporters, and information was often gathered directly from the local areas and populations.

However, often journalists were not regional experts, nor were they proficient in the local language; in turn, this deficiency had the potential to create a heavy reliance on translators, who may not accurately relay the information or narrative to the journalist. Local reporters were often subject to censorship and their own local biases, which could slip into stories. Likewise, the validity of sources is often difficult to substantiate,

particularly if anonymous sources are utilized. Moreover, journalists report on “news worthy” events, sometimes sensationalizing an event in order to get it published, blurring the ability to discern whether the reported event was an isolated incident or a pattern. Editorial politics can also play a role, from the initial approach taken with the story to the final modifications. Perhaps more forebodingly, the emergence of the Pentagon’s disinformation program that planted news stories in local and international press agencies through organizations like the Lincoln Group makes even apparently credible sources suspect (Gerth & Shane, 2005).

With regard to governmental, international NGO, and UN agency sources, funding, politics and policy can dictate the type of research carried out, the methodological approach used, the final dissemination of results and its beneficiaries. As data can be easily manipulated, and since such sources confer a sense of authority to the information presented, wherever possible I referred back to the original source and I cited more than one source for the same statistic. If statistical discrepancies or disagreement existed, whether publicly or through my own examination, I discussed the conflicting results in a corresponding footnote. Since veracity of personal blogs and personal commentary is very difficult to corroborate, I chose to avoid personal blogs altogether. Due to the limitations of my sources and distant methodologies, the conclusions that this thesis was able to draw were based on the limited evidence available. Though these are valid conclusions, much more research must be conducted on the ground in Iraq to verify and follow up on the trends and issues that this thesis analyzes.

CHAPTER 1:

HISTORICAL OVERVIEW

Though this thesis focuses on the effects of war on women in the current conflict, it is important to note that a number of the factors contributing to the decline in their health were already in place before the occupation and were only compounded by the post-invasion insecurity, though others are direct consequences of the conflict. In order to trace the trajectory of the deterioration of the state of women's health, this section will briefly examine the economic, social and educational advancement of women from the Ba'ath Party's rise to power in the coup of 1968, the socio-cultural and health impacts of the Iran-Iraq War (1980-88), the Gulf War (1990-91) and the UN-imposed sanctions (1990-2003) on women's lives and Iraqi society as a whole. It is against this historical background that one can begin to comprehend the pervasive trauma situated in women's daily attempt to negotiate their lives.

Iraqi Women's Lives under the Ba'ath Regime (1968-1980)

Iraqi women have been active participants in the development of their state and society for many decades. As UNICEF reported in 1993, "Rarely do women in the Arab world enjoy as much power and support as they do in Iraq" (Zangana, 2007, p. 9). In her narrative of Iraqi women's reflections on their life under the Ba'ath Party leadership from 1968 to the 1980s, Nadje Al-Ali (2007a) remarked that women's descriptions "shift

between experiences of the ‘days of plenty’ and the advancement of women’s position in society, one the one hand, and painful memories of repression and suffering, on the other” (p. 111). The Ba’ath Party, ideologically rooted in a mixture of socialism, Arab nationalism, and anti-imperialism, became the official ruling party of Iraq through a *coup d’état* in 1968 (Al-Ali, 2007a). Under the Ba’ath Party, Iraqi society underwent many political, social and economic transformations. The 1973 oil boom led to a flourishing economy. Profits from oil revenues allowed the regime to invest heavily in modernization and development projects, which included infrastructure: building roads and highways, schools and universities, expanding the electricity grid, and the water and sewage systems and the establishment of a comprehensive social welfare system including free health care (Al-Ali, 2007a).

As a result of the extensive economic expansion, the Iraqi regime found itself unable to fulfill its labor needs. Unlike the states of the Persian Gulf which relied heavily on foreign labor, Iraq utilized its own citizens, and female participation was not only supported, it was actively recruited. For example, in 1974 the government guaranteed employment to all university students, male and female. Al-Ali (2007a) described the social perception of women entering the labor market, “Working outside of the home become for many Iraqi women not only acceptable, but the norm and even prestigious” (p.132). Saeid Neshat (2003) illustrated the extent to which Iraqi women participated in the public sphere, “In the 1980s, women were 46% of all teachers, 29% of physicians, 46% of dentists, 70% of pharmacists, 15% of factory workers, and 16% of governmental employees” (p. 56). Rassam (1992) emphasized that employment opportunities for Iraqi

women were limited not only to the professional sector; women were also working in the construction field, serving as truck drivers, street cleaners and gas station attendants. On April 17, 1971, Saddam Hussein declared women an essential component in the social transformation of Iraq in a speech delivered at the Third Conference of the General Federation of Iraqi Women:

> The complete emancipation of women from the ties which held them back in the past, during the ages of despotism and ignorance, is a basic aim of the Party and the Revolution. Women make up one half of society. Our society will remain backward and in chains unless its women are liberated, enlightened and educated…We are all-in the Party and the Government, and in the social organization-expected to encourage the recruitment of women in the schools, government departments, the organization of production, industry, agriculture, arts, culture, information, and other kinds of institutions and services. (Hussein, 1981)

Clearly, Iraqi women played a crucial role in the development and modernization of the Iraqi state. In fact, the Ba'ath party implemented a number of policies at the state level to encourage the integration of mothers into the workforce, making childcare and transportation to and from work free. Al-Ali (2007a) pointed out that almost every company, school and factory had a nursery, and the state provided generous maternity benefits. In a speech given in 1971, Saddam Hussein justified the benefits of educating women and incorporating them into the workforce, "an enlightened mother, who is educated and liberated, can give the country a generation of conscious and committed fighters" (Saddam Hussein, 1979).

The Ba'ath Party also funded the General Federation of Iraqi Women [GFIW], a women's organization, founded after the coup in 1968, that promoted women's

education, literacy, health and employment.[3] By 1982, the GFIW had an estimated 200,000 members (Joseph, 1991). Although the GFIW lacked political autonomy, it played a crucial role in the creation of the 1978 literacy campaign, which required all illiterate adults between the ages of 15-45 to participate in literacy programs sponsored by the state for a 2 year period (Joseph, 1991). Four years later, UNESCO presented the Iraqi government with an award, highlighting its achievements in eradicating illiteracy. By this point, Iraqi women were the most educated in the entire region (Al-Ali & Pratt, 2009).

In addition to promoting literacy and education, the regime advanced women's autonomy through legal channels as well. In 1978, the Personal Status Law no. 188 that was originally drafted in 1959 to increase women's rights in family law (Eftati, 2005) [4] was amended, granting women even greater legal autonomy. These changes outlawed forced marriage, extended women's options for divorce, changed the period of child custody from age 7 (for boys) and age 9 (for girls) to age 10, which could be extended to the age of 15 at the judge's discretion, imposed punishment for marriages contracted outside of the court, and required a man to obtain permission from a judge before taking a

[3] Neshat (2003) noted that the GWIF was the only organization that females could be affiliated with; membership in any other women's organization was considered a crime under the *Ba'ath* regime. The GWIF was also under strict government control (p. 56). Female activists were often jailed or forced out of the country (Workman, 1994).

[4] Naziha al-Dulaymi, the head of the League for the Defense of Women's Rights, the Minister of Municipalities and the first woman cabinet member in the Arab world, played a significant role in drafting this law. This law came to fruition as a result of Iraqi female activists vocalizing their demands and participating in the legislative process (Efrati, 2005).

second wife (Al-Ali, 2007a; Efrati, 2005; Farouk-Sluglett, 1993; Joseph, 1991; Rassam, 1992).[5]

Ba'athist ideology advocated the involvement of women in Iraq's social transformation (Al-Ali, 2007a; Joseph, 1991; Rassam, 1992; al-Sharqui, 1982). This approach enabled the Ba'ath party to widen its appeal. Al-Ali (2007a) emphasized, "In addition to creating loyal Iraqi women who were dependent on the state for benefits associated with its modernization and development policies, women were also seen as the main vehicle for ideology influencing future generations" (p. 131). The emancipation of women may have been a central component to Ba'ath campaigns, however, in practice, this advancement was offset by the authoritarian nature of the regime, especially once Saddam Hussein replaced al-Bakr in July 1979. Al-Ali (2007a) describes life for ordinary Iraqis under the Presidency of Saddam Hussein, "political repression, mass arrests, torture and executions fill the memories of those women who were politically active themselves or had family members that were involved in opposition politics" (p.145). By the end of the 1970s, the Ba'ath party's focus on social transformation narrowed and instead, it expanded its policing apparatus, creating a fractured society that was increasingly militarized and politically repressive. The war with Iran, which began in 1980, only magnified the volatile nature of the Iraqi state and as a result, the lives of ordinary Iraqis.

[5] Although the 1978 amendments to this code expanded women's legal rights, many feminists were hoping for more secular and radical changes and were disappointed that their demands were not met (N. Al-Ali, 2007a).

Iraqi Women's Lives under the Iraq-Iran War (1980-1988)

The 8 year war with Iran transformed Iraqi society on many levels.[6] Increased military spending, damage to oil installations, and a decline in oil prices led to an economic crisis, which resulted in the elimination of development programs and increases in the price of imported goods and food (Abdullah, 2003). Illiteracy rates soared from 5% to 50% (Ismael, 2004). Iraqi citizens found themselves isolated from the rest of the world. Foreign magazines were banned, as was travel outside of Iraq and local goods replaced imports. Iraqi female Widad M., who at the time worked as a *muwathafa* (government employee), illustrated how daily life in Iraqi society was transformed by the war:

> The Iraq-Iran war was the first war we really felt. In the 1970s we were hopeful…We had great expectations. In the 1970s, Baghdad became international…But then the war started. At first we felt it a lot because of the heavy bombing, but then gradually it stopped and the fighting only continued at the front. But many many families lost someone in the war. Fortunately my son was too young to be forced to fight. For the first time, we saw black banners appearing, indicating someone had died. There were lots of widows and orphans and the economy suffered a lot. But people could still eat. There was an understanding among people that one should not have lavish wedding parties anymore, because there were so many people dying. For a time we almost got used to this life with black banners decorating most houses. (Al-Ali, 2007a, p. 150)

Daily life in Iraq underwent a dramatic shift. The men were away fighting, which left the women as the head of households and the main breadwinners. Many women became widows and were now entirely responsible for their families' economic and physical

[6] The reasons behind the Iraq-Iran war are beyond the scope of this paper. For detailed information pertaining to the Iraq-Iran war, see Tripp (2000) and Abdullah (2003).

wellbeing. Although they were far away from the battlefields, the war still impacted their daily lives.

To add to this burden, women were also under pressure to replace men in the workforce and government institutions (Al-Ali, 2007a). The GFIW played a key role in mobilizing women into the workforce in order to fill the positions previously held by men. Yet as Workman (1994) points out, “The mobilization of Iraqi women, moreover, was widely viewed as temporary--an exigency of war and little more” (p. 160). It is important to note that although female employees were performing the same duties as the men, they were paid only a fraction of the wages; moreover, a report out of Kuwait alleged that more than 30,000 Iraqi women were working for zero wages (Workman, 1994).

The regime not only utilized women to increase state efficiency and production, it also emphasized women’s roles as reproducers in extensive fertility campaigns aimed at increasing the birth rate. Television programs began to emphasize marriage and early conception (Khedairi, 2001). Abortions became illegal and pharmacies were banned from selling contraceptives, which in the past had been freely available (Omar, 1994). Slogans, such as “For Saddam, the glorious women vow to increase births” or “For your eyes, O Saddam, a million children will be born” dominated the media toward the end of the war (Workman, 1994, p. 160). Despite the danger to their health, the state even pressured women in their forties and fifties to give birth. Omar (1994) reported that compulsory injections, allegedly believed to be fertility drugs, were given to female staff and students in the universities and secondary schools. Similarly, women were also given fertility

injections in the hospital after giving birth. This led to many women choosing to give birth at home (p. 64-65). In a speech given to the Executive Bureau of the GFIW, Saddam Hussein reiterated the importance of Iraqi women producing more children:

> We believe that our motto must be that each family produce five children, boys and girls, as God wishes, and that the family which does not produce at least four children deserves to be harshly reprimanded. We should also express dissatisfaction with this family because history shows that there are many possibilities that trends, jingoism, and other cases may emerge in our Arab east that may pose a threat to Iraq. In any case, our geographic location dictates on us to have a population capable of defending Iraq and enabling Iraqis to live a proud life. (as cited in Workman, 1994, p. 160)

As the state shifted its priorities, it also changed its perspective on women working outside of the home. Iraqi women were no longer encouraged to replace men in the workplace, they were now persuaded to stay at home and produce more children. In January 1986, the Revolutionary Command Council [RCC] passed several resolutions[7], which aimed to convince women to leave the workplace and instead, focus their attention on getting pregnant and raising families. By the end of 1987, women were offered incentives[8] to quit work and as 1988 came to a close, the state was developing programs that focused on fighting sterility and infertility, decreasing infant and child mortality rates and increasing the number of female doctors and midwives (Efrati, 1999).

Education was another realm where women found Ba'athist support wavering. As previously mentioned, educating women was a focal point of early

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[7] Resolution 43 and 44 granted a woman the option of resigning or retiring (with certain limitations) in order to be at home with their children. However, women in the medical, health and engineering professions were excluded (Efrati, 1999, p. 37).

[8]Incentives included a fully paid maternity leave for the first 6 months, followed by payments consisting of half the original salary for the next 6 months. The state also gave families with four or more children an extra monthly allowance of 25 dinars (Efrati, 1999, p. 38).

Ba'ath policy but this too underwent a dramatic transformation. In a shift from previous speeches where he highlighted the importance of women, especially mothers, being educated, Saddam Hussein asserted that women should put motherhood first. He remarked:

> Women of childbearing age should choose to have children instead of advancing their education: "Education in Iraq is spreading at the expense of childbirth…If a man comes to me and asks me to allow him to study for his Masters degree or PhD then I would probably let him do so. If, however, a 28-year-old women [sic] comes to me with the same request then I would have to calculate how long it may take her beyond the age of marriage…I consider the raising of a family to be far more important than getting a PhD. We must unashamedly let this be known to Iraqi women. (as cited in Workman, 1994, p. 160)

The fertility campaigns endorsed by the government were successful. Ismael (2004) noted that over the course of the Iran-Iraq war, the population increased from 13.2 million to 18.9 million. Al-Ali (2007a) noted the shift of the nationalist rhetoric toward women as the war continued and Iraqi society became more militarized, "Women's patriotic duty shifted to being the producers of loyal Iraqi citizens and future fighters" (p. 168). This became more evident as the state passed a series of legal rulings that limited women's marital and reproductive liberties. For example, in 1982 the Revolutionary Command Council passed a law that prohibited Iraqi women from marrying non-Iraqis. For Iraqi women that were already married to non-Iraqis, these new laws forbade them from leaving their money or property as an inheritance (Omar, 1994).

After 8 long years, and 1 million dead on both sides, the Iraq-Iran war finally concluded in 1988. Economically, the Iraqi state was in shambles. By the end of the war, it had amassed a debt of $100-120 billion and reconstruction costs were an estimated

$452.6 (Abdullah, 2003). Iraqi unity was challenged by accusations against the Kurdish population, who rose in rebellion and were crushed in the notorious *Anfal* campaigns, which included chemical attacks on civilians and systematic displacement and rape (Al-Ali, 2007a; Black, 1993). Oil prices declined and the prices for imported goods, especially food, skyrocketed and the unemployment rate soared. Iraqi troops came home injured, depressed and frustrated and women were at the receiving end; domestic violence rates escalated (Al-Ali, 2007a). Iraqi society stood little chance of returning to its pre-war days; less than 2 years after the Iraq-Iran war ended, Iraq invaded Kuwait; marking the beginning of the Gulf War, the sanctions, and an obvious decline in women's health, status and well-being.

Iraqi Women's Lives under the Gulf War & Sanctions (1990-2003)

Before examining the economic, social and health impacts of the Gulf War and UN-imposed economic sanctions, it is important to note that before 1991, Iraq had one of the most extensive and advanced health care systems in the region; in fact, health care reached about 97% of the urban and 79% of the rural population. The water and sanitation system was well established and 90% of the population had access to safe drinking water. In 1965, the infant mortality rate was 71 per 1000 live births and by 1989, in spite of the war with Iran, the rate decreased to 29 per 1000. For children under 5 years of age, the mortality rate decreased from 111 to 44 per 1000 live births (Ali & Shah, 2000). Maternal mortality rates followed a similarly encouraging pattern. However, the

massive bombing campaigns during the Gulf War caused extensive damage to civilian and military infrastructure and destabilized Iraqi society as a whole, while the economic sanctions prevented reconstruction efforts, impoverished the entire nation, and played a major role in the decline of infant, child and maternal health and well-being.

On August 2, 1990 Iraq invaded Kuwait.[9] Almost immediately, the UN Security Council approved Resolution 660, which demanded the withdrawal of Iraqi troops from Kuwait. The same day, President George H. W. Bush imposed economic sanctions on Iraq, effectively freezing all Iraqi government assets and Kuwaiti assets under Iraqi control. Four days later, the UN Security Council followed suit by adopting Resolution 661,[10] thereby placing a full trade embargo, excluding medical supplies, food and other items of humanitarian necessity, on Iraq.[11]

In November, the UN Security Council passed Resolution 678[12], which demanded Iraq's unconditional withdrawal from Kuwait by January 15, 1991 and authorized military force if Iraq refused. On January 16, Coalition troops launched a massive air campaign against Iraq, dropping more than 100,000 tons of explosives and effectively destroying Iraq's military apparatus and civil infrastructure, causing more than $200 billion dollars in property damage (Hooglund, 1991; Joseph, 1991). Six weeks later, the war ended but not without a devastating toll on the Iraqi state; the estimated statistic of

[9] The reasons behind Iraq's invasion of Kuwait are beyond the scope of this paper. For detailed information pertaining to the Gulf War, please see Tripp (2000) and Abdullah (2003).

[10] For the complete text of Resolution 661, see http://www.un.org/Docs/scres/1990/scres90.htm.

[11] The UN Security Council Sanctions Committee decided what medical supplies, food, and humanitarian supplies were allowed into Iraq.

[12] For the complete text of Resolution 687, see http://www.un.org/Docs/scres/1991/scres91.htm.

Iraqi soldiers killed in the Gulf War ranges from 70,000 to 200,000[13], the number of civilians killed is estimated to be at least 70,000 to 100,000 and more than 5 million Iraqi people were displaced (Cainkar, 1993; Hooglund, 1991). Adding to this was Saddam's crackdown on the Shi'a population after the US encouraged an uprising following the war. The extent of this devastation, combined with the low socio-economic status of many of the Shi'a, has contributed to a lower health status among the Shi'a population – particularly among Shi'a women (PHR, 2004). This is a trend that continues today due to the chronic effects of poor health and poverty.

By the time the bombing campaigns and military activity concluded, a Harvard University Medical team documented that 18 out of 20 power plants were rendered useless or damaged beyond repair (Hooglund, 1991). Cainkar (1993) reported that at this time, Iraq was producing power at only 4% of its prewar capacity. The loss of electricity was problematic in every public service sector and contributed significantly to a breakdown of public health in Iraq: water could not be purified, raw sewage overflowed into the streets, hospitals had to depend on limited generator-induced electricity for only hours a day and homes were left without potable water and electricity for most parts of the day - leaving women's daily household responsibilities extremely difficult and at times, practically impossible. Due to shortages of potable water, women resorted to boiling water to make it drinkable; however, as they ran low on fuel[14] they were forced to

[13] Hooglund (1991) reported that another 300,000 Iraqi soldiers were wounded during the initial 6 week campaign.

[14] The Iraqi state provided each family with only one subsidized tank of fuel per month. Due to established gender norms within Iraqi society, it was the women who stood in line for fuel and often, they would wait in line for an entire day to obtain their fuel portion (Cainkar, 1993).

ration and effectively prioritize between boiling water, cooking food, or heating their house. Cainkar (1991) observed that many children were hospitalized because they drank kerosene in desperate efforts to quench their thirst. Exposure of raw sewage and contaminated water is directly attributed to the increase in the incidence of communicable diseases, such as cholera, typhoid, and gastrointestinal infections during this period (Cainkar, 1993; Hooglund, 1991).

A cease-fire agreement was signed on February 28, 1991 and Resolution 687 was passed, which tied the lifting of the economic sanctions to the removal of weapons of mass destruction. The entire Iraqi population suffered as a result of the sanctions. Severe food and medical shortages became a daily reality for most Iraqis, greatly contributing to a significant decline in the population's health status – particularly for women and children. From 1990 to 1994, the maternal mortality rate increased by 265% (Neshat, 2003). But nowhere was the devastation more apparent than in the status of infant and child health. In a study conducted by WHO and UNICEF, Ali and Shah (2000) reported that infant mortality rates doubled, from 47 per 1000 live births during 1984-1989 to 108 per 1000 live births during 1994-1999. Similar findings were made with the under-5 mortality rate, which increased from 56 to 131 per 1000 live births. The authors noted that infant and child mortality rates were even higher in the rural areas. Since 1991, the number of underweight children under 5 has doubled, from 12% to 23%. Ali and Shah (2000) point out that during the same period, the mortality rate for children under 5 in rural areas was 1 in 8, as compared to 1 in 10 in the urban areas. Although the child mortality rates in the Kurdish region were lower, rural areas still held higher mortality

rates; for example, 1 in 13 children in rural regions died versus 1 in 11 in the urban areas (Ali & Shah 2000). To put these figures into perspective, this amounts to approximately 5,000-7,000 Iraqi children under the age of 5 dying each month or 60,000-84,000 dying annually. The WHO in Baghdad declared this statistic to be an underestimate of number of actual deaths (Halliday, 1999, p. 30).[15]

In an effort to alleviate the humanitarian catastrophe created as a result of the sanctions, the UN Security Council unanimously passed Resolution 986 on April 14, 1995, establishing the Oil-for-Food Program.[16] Through this program, Iraq was permitted to sell limited quantities of oil to raise income to buy foodstuffs, medicines, and other humanitarian need items.[17] From 1995 to 1998, Iraq sold a total of $8.4 billion of oil, of which $5.2 billion went toward food, medicine and humanitarian items and the rest covered the compensation fund and UN operations; this left the annual per capita income at an estimated $75 (Ismael, 2004). Even under the Oil-for-Food Program, which was rife with corruption, the Iraqi population, particularly women and children, continued to suffer.

Between the massive damage to Iraqi civic infrastructure in efforts to destroy Iraq's nuclear, biological and chemical weapon programs, the US and UK launched "Operation

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[15] Often, births in rural areas are not immediately registered; therefore, if a child dies before the birth is reported, then the birth is never recorded (Halliday, 1999).

[16] In attempts to relieve the suffering of the Iraqi population earlier, the UN Security Council had previously issued Resolution 706 in August 1991 and Resolution 712 in September 1991, which essentially allowed the Iraqi government to sell oil in return for humanitarian aid, but the Iraqi government refused both Resolutions. For complete text of Resolution 706 refer to http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/596/42/IMG/NR059642.pdf?OpenElement. For Resolution 712, see http://daccess-ddsny.un.org/doc/RESOLUTION/GEN/NR0/596/48/IMG/NR059648.pdf?OpenElement.

[17] For the complete text of Resolution 986, see http://www.un.org/Docs/scres/1995/scres95.htm.

Desert Fox", a heavy 3 day bombing campaign in December 1998[18] and the socio-economic and health ramifications of the sanctions, a significant portion of Iraqi society was deeply damaged even before the American Coalition forces invaded in 2003. Resolution 1483[19] discontinued the sanctions on November 21, 2003 after the U.S. invasion of Iraq, and the humanitarian functions were turned over to the Coalition Provisional Authority. The next section will discuss the 2003 invasion, the beginning of the US occupation and the eruption of civil conflict, which demonstrates that the actual violence itself began to produce new negative effects on Iraqi society – redefining the nature of women's suffering and impacting their daily reality.

A Background to the Violence During the 2003-2008 Period

On March 20, 2003 US Coalition forces invaded Iraq.[20] In the months that followed the invasion, the country slid into an increasingly unstable state, defined by looting, riots, and general chaos with the collapse of the Iraqi civic, military, and governmental apparatus. On top of this, opposition to the Coalition presence by the Ba'athists and Islamist militant groups marked the beginning of the insurgency that continued fighting a guerilla war against Coalition forces and the fledgling Iraqi government. The political divisions at the national level and tension at the local levels

[18] "Operation Desert Fox" began on December 16 and ended December 19, 1998.

[19] For the complete text of Resolution 1483, see http://daccess-ods.un.org/TMP/3854859.html.

[20] For a comprehensive overview of the conflict in Iraq from 2003-2007, see Allawi, Ali. (2007). *The Occupation of Iraq: Winning the War, Losing the Peace.*

began to emerge as sectarian violence that specifically targeted its victims based on their religious identity resulted in a civil war that divided and ethnically cleansed Baghdad. These different conflicts overlapped and fed into a general cycle that began to define Iraqi society and the lives of each Iraqi, regardless of sect or ethnicity, causing all to suffer in one way or another. This section presents a brief overview of the violence and its trends between 2003 and 2008 in order to provide a context for the narratives of the Iraqi women presented in the following chapters and the effects that such violence had on their lives.

The violence itself took on many different guises as the conflict shifted and changed throughout the years following the invasion. Following the invasion, the initial phases of violence committed by Ba'athists, Sunni Islamist groups like *al-Qaeda* in Iraq, and nationalist groups like Moqtada al-Sadr's Shi'i Mahdi Army[21] were aimed at Coalition forces and Iraqi governmental institutions. In many of these cases, such actions were taken with the intent to destabilize the Iraqi government, bog down Coalition forces and to prompt additional sectarian divisions within Iraqi society (Cockburn, 2008b; Katzman, 2008; Allawi, 2007). Militias formed to protect neighborhoods, often clashing with each other in turf wars reflecting both local disputes and the overall national political conflict (Beehner, 2005). These militias could either represent national political parties like that of the Mahdi Army or act as local agents protecting neighborhoods or operating as gangs in the security vacuum – sometimes serving as both (Beehner, 2005). The sectarian conflict that began to gradually increase following deliberate attacks

[21] The Mahdi Army, known as the *Jaysh al-Mahdi* in Arabic, is a nationalistic and religious Shi'a militia created in June 2003 by Muqtada al-Sadr, an Iraqi Shi'ite cleric.

against both Sunni and Shi'a targets was catalyzed by the bombing of the Shi'a Shrine at Samarra on February 22, 2006, leading to a more violent stage of civil war ("Iraq Timeline", 2010; Allawi, 2007). The ongoing civil war between 2006 and 2008 permanently transformed the face of Iraq and Baghdad in particular, killing and wounding thousands, displacing millions, cantonizing the now mostly Shi'a Baghdad into distinct Sunni and Shi'a sectors, and redefining Iraqi political life and the daily realities of the Iraqi people (Cockburn, 2008a). Throughout the conflict, Coalition forces and the Iraqi military and security forces continued to engage in battles against insurgents and various political and military targets, resulting in large death tolls, particularly in attacks on Fallujah in April and May of 2004 ("Iraq Timeline", 2010) and the continuing efforts to control violence in Baghdad.

Though the issue of Iraqi civilian fatalities is politically charged, making a consensus on the precise death toll impossible, there are obvious trends in the data from which one can draw conclusions on the trends of violence between 2003 and 2008. Many of the patterns of violence overlap since random violence was consistent and sectarian violence fed into itself and other types of violence, all snowballing as the conflict progressed. Apart from spikes in fatalities that represented major Coalition offensives like that launched in April-May of 2004 or particular violent events, such as the stampede of Shi'a on a Baghdad bridge that killed roughly 1,000 ("Iraq Timeline", 2010), one can generalize on the overall trends of violence in Iraq between 2003 and 2008 (O'Hanlon & Livingston, 2010). Excluding the massive damage and loss of life from the invasion itself, violence escalated dramatically between 2003 and 2004, continued to rise

through 2005, and then sharply jumped in 2006 following the bombing of the Samarra Shrine in February and the growth of the conflict into a civil war. The violence from the civil war decreased by the end of 2007[22], though it was still higher than those levels seen in 2005, and decreased precipitously in 2008 following the Iraqi government's takeover of Basra and the reintegration of the Iraqi Sunni community into the governmental coalition ("Iraq Timeline", 2010; O'Hanlon & Livingston, 2010). (See Table 1)

There were many different facets to this general state of violence, each producing its own set of consequences. The conflict itself created an atmosphere that was conducive to a new strain of violence that emerged following the 2003 invasion; within the midst of the social chaos, disorder and power vacuum, Iraqi women found themselves caught in the crossfire. No longer was the conflict confined solely to the battlefield, rather the violence infiltrated all aspects of their lives, effectively turning Iraqi women simultaneously into strategic targets and casualties of the violence. The next chapter explores violence against Iraqi women in greater detail, examining the circumstances in which it arose, the types of gender-based violence committed, the perpetrators and their motives for carrying out this violence. Ultimately, this demonstrates how the violence shaped and defined the daily reality for Iraqi women and impacted their short and long-term social roles and health.

[22] Some have attributed the drop in violence in 2008 to the "surge" in US troops from 2007, but many experts like Patrick Cockburn argued that it was the result of the ethnic cleansing of Baghdad and the inclusion of the Sunni political leaders in the government (Cockburn, 2008a).

CHAPTER 2:

VIOLENCE AS A TACTIC AND AN ELEMENT OF IRAQI WOMEN'S DAILY LIFE

Between 2003 and 2008, incidents of gender-based violence against Iraqi women escalated to shocking levels; nevertheless, because of the emphasis on security, addressing violence against women was considered a low priority of the Iraqi government and American policy during this period. Moreover, though NGOs and journalists have covered the topic extensively, there has been a dearth of scholarly work on this topic. Unfortunately for Iraqi women, this neglect exacerbated their desperate situation, allowing violence to infiltrate all areas of their lives and exposing them to increased risk and trauma. This chapter argues that the effects of violence extend beyond the battlefield and into the communities and the homes by examining the emergence of gender-based violence and its many manifestations as a consequence of the 2003 invasion and occupation. The destabilization of Iraqi social, economic, and governmental apparatus unraveled the Iraqi society's social fabric, leaving Iraqis, particularly Iraqi women, especially vulnerable to violence at the hands of those exploiting the chaos and power vacuum that resulted. The violence against women that occurred outside of the home at the hands of members of the community, Coalition forces and the Iraqi military and security forces led to violent repercussions physically, emotionally and within the home - suffusing and redefining Iraqi women's daily reality.

After the initial invasion in 2003, incidents of kidnappings, rape[23], trafficking[24], and killings of Iraqi women and girls increased. Human Rights Watch [HRW] (2003) attributed this escalation to the failure of the Coalition forces to provide adequate public security during the 2003 invasion. Within 3 months of the US Coalition invasion, 70 cases of rape and abduction of Iraq women were reported.[25] Iraqis have confirmed that the kidnapping of women and girls was a new phenomenon, as an HRW (2003) report noted that many Iraqis frequently declared, "This never happened before the war" (p. 8). This was echoed in a 2008 poll of Iraqi women's perceptions of violence, conducted by Women for Women International, which found that 63.9% of female respondents believed that general violence against women was increasing. In Baghdad this number rose to 72% and in Central Iraq,[26] it escalated to 91.8%. When asked about rape, 38.5% of all female respondents considered incidents of rape to be in the rise; while in Baghdad, this number jumped to 61.6%. With respect to trafficking, 30.4% of women overall reported that trafficking was increasing and in Baghdad this number escalated to 53.5% (Women for Women International, 2008). The contrast in these statistics represents the

[23] For the purposes of this paper, the term "rape" is considered a form of sexual violence and is defined as "physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, or other body parts or an object" (WHO, 2002b, p.149). I chose this particular definition because it is a comprehensive and widely used definition, established and utilized by both the UN and the WHO.

[24] This paper uses the UN definition of human trafficking, defined as, "The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation" (UNESCAP, 2009).

[25] In comparison, violent crimes against women under the regime of Saddam Hussein averaged approximately one case per week (Jamail, 2005).

[26] This report differentiates between Baghdad and Central Iraq and does not clarify which regions it includes in its definition of Central Iraq. As interviews were conducted in the cities of Samarra and Fallujah, I would venture a guess that Central Iraq refers to these two cities.

differences in the ways Iraqi women perceived violence, particularly gender-based violence. Although these figures do not represent actual incidences of violence, it is important to emphasize they do signify the women's perception that violence was occurring.

When dealing with statistics, it is important to note that data is frequently flawed, politicized or at the very least, limited, which can affect how the data is analyzed and perceived. As this chapter demonstrates, perception alone can alter reality and affect behavior and outcomes. HRW (2003) emphasized that there is a high probability that incidents concerning violence against women are underreported, particularly in cases of sexual assault and rape. In cases of sexual violence, the short and long-term psychological trauma that can follow is difficult to measure. Because of this, studies attempting to address such complex and often sensitive issues risk providing an inaccurate picture and unreliable data that misrepresents the gravity of the act and its residues.

There are many impediments to gathering accurate statistics in Iraq. Fear played a prominent role as female victims of sexual violence were frequently doubted or blamed for the attack and their suffering, risking a tarnished reputation, social isolation, divorce, and even death by "honor" killing (HRW, 2003). In spite of the dramatic impact on Iraqi women that this violence caused, because of the insecurity, sectarian strife, and lack of financial and practical resources, the victimization of women was considered a low priority of the Iraqi government. The state's legal apparatus was still an obstacle; in some instances, violence against women is not always considered a crime, as Iraqi law permits

a man to escape punishment for kidnapping if he marries his victim. In the cases that are punished, perpetrators of rape and honor killings often receive light sentences. Bureaucratic problems were also a major issue, as women and girls need a police referral in order to seek medical attention and forensic exams (like rape kits). The simple act of filing and obtaining a police report for a rape would be arduous under normal circumstances, and the state of conflict only exacerbated the difficulties. Because the police were seen as an extension of a particular sect, issues of trust further complicated an already delicate problem. Corruption in the Iraqi police force was rampant and further complicated matters. Even acquiring a police referral did not guarantee medical care. The legal, cultural, and bureaucratic barriers resulted in a lack of trust and confidence by the Iraqi population, all of which made women hesitate to file claims (HRW, 2003).

HRW (2003) reported that in some instances, it was the medical staff who denied the victims access to treatment and forensic exams. The rationale behind this repudiation was twofold: some claimed treating victims of sexual violence was not the responsibility of the medical staff or that it was outside their field of expertise, while others explained that due to the hospital's limited resources and the ongoing conflict, sexual assault victims were not considered a high priority.[27] As a result of the physical impediments relating to the conflict and the increasing violence against women, female health workers began to stay at home, meaning that a female victim who wanted to pursue medical attention would have only two choices: she could either accept treatment from a male

[27] Delaying (or denying) medical treatment to victims of sexual violence is detrimental to their health. Likewise, victims who do not receive medical attention and subsequent treatment right away may be disinclined to seek assistance at a later point. If sexually transmitted infections (STIs) remain untreated, this can result in long-term health consequences including infertility (HRW, 2003).

doctor, who may not have had the necessary knowledge or sensitivity, or to go home and forego the needed care (HRW, 2003).

Yet in spite of the barriers to collecting accurate data and statistics, one can still discern patterns in the source material from which one can draw conclusions. The remainder of this chapter examines these trends and the circumstances of how and to what extent a redefined gender-based violence began to appear in Iraqi society, as well as the motivations of the major actors who used gender-based violence as a tactic to further their own monetary, political, religious and security objectives. (It is important to note that these are artificial categories, which are not exhaustive and can overlap). Furthermore, this chapter demonstrates that the gender-based violence was not bound by public and private divisions; in effect, the violence occurring outside of the home began to penetrate the interior as well.

Violence against Women for Monetary Gain

The media have shed extensive light on the kidnapping of foreigners in Iraq. However, at the same time, it was rarely mentioned that the kidnapping of Iraqis, especially women, was much more prevalent. Journalist Dahr Jamail (2005) attributed the increased incidents of kidnapping to the high unemployment rate and the security vacuum that emerged following the invasion. With limited opportunities to earn an income and dilapidated security system, local criminal gangs turned to ransom demands as a new source of income.

Guardian reporter Peter Beaumont (2006) explained that women were "the softest targets for Iraq's criminal gangs" (para. 7). Jamail (2005) illustrated this in the story told by Inji, a 29-year-old veterinarian, who was kidnapped at gunpoint on December 4, 2004. Inji explained, "The men ordered me to take off my jewelry, then beat me so much I could no longer feel pain" (para. 10). The kidnappers then used her cell phone to call her husband Turhan where they demanded a $20,000 ransom fee within 24 hours. Inji's case also highlighted the increased risk that ordinary Iraqis faced: she remarked that in the past, she had assumed "the only people being kidnapped were those who were dealing with the Americans or who were rich" (para. 15) – Inji did not work for the government, nor did she have an affiliation with any of the major political parties or the occupying forces. In the end, Inji's husband was able to pay her ransom, but as Jamail (2005) emphasized, this was not always the case. Anecdotal stories tell of thousands of other Iraqi women found dead, sometimes beheaded, and other women who went missing were never seen again.

Ransom was not the only way criminal gangs financially profited from violence against women. The US Department of State (2008) identified Iraq as "a source and destination country" for human trafficking (para. 2), where young girls were driven into prostitution and trafficked in both Iraq and its neighboring countries. The NGO, Women's Freedom, estimated that from the outset of the US-led invasion in 2003 to 2005, approximately 3,500 Iraqi women went missing and of these, 25% were trafficked abroad ("Sex traffickers target women", 2006). An Iraqi police inspector testified that

"Some gangs specialize in kidnapping girls, they sell them to Gulf countries. This happened before the war, but now it is worse…"

In one case, Sajidah, 23 and her sister-in-law Huda, 17, were kidnapped at gunpoint several days after Sajidah's wedding. After weeks of beatings, starvation and thirst, and constant movement between locations in Baghdad, the girls were finally sold to an Egyptian named Mohammad Hassan Khalil for $6,000 and $3,000. Huda explained that because she was unmarried she was worth more than her sister: "my hymen had a price - this is when we realised that we were going to have to do bad things with men. We were terrified" (Firmo-Fontan, 2004, para. 7). From Iraq, the girls were transported to Syria, given new names and passports, and then shipped to Sana'a, Yemen, where they found themselves with 180 other Iraqi women and girls and forced into prostitution – Huda noted that the youngest of the girls was only 11-years-old (Firmo-Fontan, 2004, para. 6).[28]

The narrative of Huda and Sajeeda illustrates that as a result of the violence, women were transformed into valuable commodities. UN agencies reported that sex trade workers were exploiting thousands of Iraqi women and their families. Mariam, 16, who was sold by her father for $6,000 because he could no longer care for her after the death of his wife, is a case in point. A recruiter told him that Mariam would work as a domestic worker for a family in Dubai for 1 year, after which she would be safely returned home. In reality, Mariam was trapped in a house with 20 other young girls as sex workers. Mariam recounted her ordeal: "I was a virgin and didn't understand what sex was. I was

[28] See Victoria Firmo-Fontan's (2004) article, *Abducted, beaten and sold into prostitution: A tale from Iraq,* for the complete interview, including a detailed account of the girls' experience and return home.

told that they [the traffickers] were going to get good money for my first night with an old local man who paid for my virginity. He was aggressive and hit me all of the time" ("Sex traffickers target women", 2006, para. 2).

The laws regarding trafficking and prostitution are also disadvantageous for the women forced into the practice. It is important to note that the Iraqi government did not consider all forms of trafficking illegal. According to Article 399 of the Iraqi penal code, only the trafficking of children specifically for commercial sexual exploitation was prohibited, a crime carrying a maximum sentence of 10 years imprisonment. Advocates have called for the criminalization for all forms of trafficking, arguing that only severe sentences will deter the traffickers. In the Iraqi court of law, prostitution is an illegal act; however, because formal procedures to identify trafficking victims do not exist, many who were forced into sex work have been jailed for both the acts of prostitution themselves and for the false documentation they carried because their papers had been taken by the traffickers. Coercion is not considered an adequate defense and moreover, there was no system in place to assist trafficking victims who have been repatriated from abroad (US Dept. of State, 2008). The Iraqi government was unable to implement trafficking prevention strategies and victims were denied an active role in the investigations of their traffickers.

For the women fortunate enough to be returned home, their homecoming did necessarily signify an end to their trauma. Though they could not be faulted for their suffering, victims of sexual violence nevertheless embodied shame and dishonor for themselves, their families and even their tribes and communities. Survival became a

paradoxical double challenge – women endured horrors abroad in order to remain alive, only to find out the disgrace associated with their suffering was to cost them their lives once they returned home.

Violence against Women in the Name of Religion

Iraqi women also experienced violence at the hands of Islamist groups and religious individuals, who used their own interpretations of Islam to condone their crimes against women. According to Women for Women International (2008), when asked what they believed was the root cause of the increased incidents of violence against women, the majority of the female respondents remarked that "there is less respect for women's rights than before and that women are thought of as possessions"[29] (p. 7). Journalists Jamail and Rahman (2010) observed that Iraqis sought refuge in their tribes and religious leaders in order to cope with the insecurity and social disorder. Because of this, rising cultural conservatism, increased religiosity and the regression of women's rights, justified as a protection of their virtue and honor, were a noticeable trend in post-invasion Iraq.[30]

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[29] The worsening of the economy was listed as the third contributing factor.

[30] As discussed previously, the 1959 Personal Status Law guaranteed many rights for Iraqi women, particularly in the areas of marriage, divorce, custody and inheritance. On December 29, 2003, Shi'a Cleric and leader of the Supreme Council for the Islamic Revolution in Iraq, 'Abd al-'Aziz al Hakim, along with the US-appointed Interim Governing Council, passed Decree 137, which placed all matters of personal status under *Shari'a* (Islamic law). *Shari'a* itself is not inimical to women's rights, but it is the interpretation of the law by (always) male religious leaders that can prevent women from excising certain rights. This move was publically condemned by many Iraqis themselves and women's organizations all over the world, as it was seen as negating the improvements brought to Iraqi women's lives by the Personal Status Law. Retired Iraq judge Zakiyya Isma'il Haqqi explained, "This new law will send Iraqi families back to the Middle Ages" (p. 578, Efrati, 2005). For a history and analysis of women's participation in the

El-Bushra and Mukarubuga (1995) explain this phenomenon, "When external pressures on a society increase, a common reaction is to uphold women's 'virtue' as a vital element of cultural identity, and thus to try to protect and control this virtue" (p. 17). One way the conservative Islamist groups enforced a sense of social control was by regulating women's behavior and dress. Dr. Nadje Al-Ali (2007b) noted that many women in Basra confided to her that they had a choice in order to avoid harassment from men: they could either wear a headscarf or severely limit their movements. Women students at the University of Basra recalled being stopped at the university gates and enduring verbal harassment if their heads were not covered. Suad, a former accountant and mother of four children, recounted her reasons for recently beginning to cover her head, "I resisted for a long time, but last year I started wearing *hijab*,[31] after I was threatened by several Islamist militants in front of my house. They are terrorizing the whole neighborhood…" (para. 13).

Amnesty International (2005) confirmed Dr. Nadje Al-Ali's findings in its 2005 report, which concluded that religiously conservative groups were specifically targeting unveiled women and girls, including non-Muslims, and as a consequence, the number of women who wore headscarves increased. In the Shi'a-controlled Baghdad suburb Sadr City, women were beaten for not wearing socks and others faced death threats unless they

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original Personal Status Law and their struggles to repeal Decree 137, I highly recommend Noga Efrati's (2005) "Negotiating Rights in Iraq: Women and the Personal Status Law."

[31] *Hijab* in Arabic literally translates as "curtain" or "cover". The common definition is a head cover and modest dress for women.

wore the full *abaya*.[32] *The Observer* reported similar trends in Mosul, Kirkuk, Karbala, Hilla, Basra, and Nassariyah. In the Shi'a dominated Baghdadi neighborhood of al-Shaab, members of the Mahdi Army enforced a decree banning women from wearing sandals and other kinds of shoes, skirts and pants, beating those women who did not obey. In the Amaryah area of Baghdad, Sunni militants shaved the heads of three women because they were not wearing the appropriate attire and in the Shi'a suburb Zafaraniyah in Baghdad, there were reports of young schoolgirls being slapped by members of the Mahdi Army for not wearing the *hijab* (Beaumont, 2006). Along with verbal harassments and corporal violence, there several women were attacked with acid[33] and others were even targeted for assassination (Al-Ali, 2007b). Beaumont (2006) argues that most Iraqi women did not don the *hijab* for religious reasons, but for survival.

By implementing a strict dress code, the Islamist groups not only limited women's freedom of expression, but they also restricted women's mobility. The Human Rights Office of the UN Assistance Mission to Iraq has noted that women were prohibited from going to the markets by themselves and in other instances, women were cautioned strongly not to drive (Beaumont, 2006). As a result, women's participation in the public sphere was severely constrained at the hands of the religious conservatives. Suad, an Iraqi woman explained, "And they [Islamic militants] are actually controlling the area. No one dares to challenge them. A few months ago, they distributed leaflets

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[32] *Abaya* (pl. *abayat*) in Arabic literally translates as "cloak". Traditional *abayat* are black typically covers the whole body except the face, feet, and hands. It can be worn with the *niqab*, which is a veil that covers the entire face except for the eyes.

[33] Marjorie Lasky reported in Mosul, a group of men threw acid in the face of an Iraqi Christian female attorney, whom they repeatedly warned to cover her head otherwise she would "face death" (Lasky, 2006, p.8).

around the area warning people to obey them and demanding that women should stay at home" (Al-Ali, 2007b, para. 13). Al-Ali (2007) emphasized that female professionals, including doctors, academics, lawyers, and NGO workers, were threatened, or killed for participating in the public sphere. Dr. Khaula al-Tallal, 50, was one these victims. A resident of Najaf, she was a member of a medical board that decided if patients qualified for welfare benefits – three men assassinated her on her way home from work one night (Al-Ali, 2007).

Other women received death threats for working outside of the home. Zainub, a ministry employee in Baghdad, said that at work one day, she and all of the female employees received a letter that read, "You will die. You will die" (Beaumont, 2006, para. 22). These aforementioned actions illustrate why in 2008, 53.4% of Iraqi women avoided going to work or refrained from applying for work (Women for Women International, 2008, p.18). For many decades, Iraqi women played an important role in the professional realm of Iraqi communities. The insecurity and reemergence of social conservatism resulted in increased intimidation, threats and incidents of violence against women, which consequently drastically decreased the participation of educated and experienced women in Iraqi society. This meant that the Iraqi communities were not only deprived of the benefits of these women's important skills, but were at risk of losing them in the future as well.

Professionals were not the only targets of the Islamist groups - women's rights activists also faced increased risk. In 2005, Zeena al-Qushtaini, a pharmacist and Iraqi women's rights activist, was abducted in Baghdad and shot twice between her eyes.

Normally dressed in Western clothing, her body was found clothed in an *abaya* with a note reading, “She was a collaborator against Islam” (Lasky, 2006, p. 8-9). Umm Salam, a teacher and women’s rights advocate, managed to survive an assassination attempt by the same men who murdered Dr. Khaula al-Tallal, despite the fact that 15 bullets were fired into her car. She explained, “Women are being targeted more and more…it is very difficult for women here. There is a lot of pressure on our personal freedoms. None of us feels that we can have an opinion on anything anymore. If she does, she risks being killed” (Beaumont, 2006, para. 9-11).

Amnesty International (2005) reported that women were being targeted specifically for working to promote women’s rights. When the Chairperson of the Organisation of Women’s Freedom in Iraq, Yanar Mohammed received email death threats by the Islamist group, Army of Sahaba, she fearfully reached out to US officials, who responded that her case was not urgent. Because of this, she began avoiding public appearances and wearing a bulletproof vest. Amira Salih, the manager of a US-funded women’s center in Karbala, was forced to resign from her position after numerous death threats. Women working for US-funded organizations faced increased risk from not only those who were hostile to the US occupation, but those who were opposed to women working outside of the home. Amnesty International (2005) documented that several women’s centers established and supported by the US authorities cut their programs after numerous threats and attacks.

Politically Motivated Violence against Women

Women have fallen victim to politically motivated armed attacks as well. This could come as a result of their participation in the political arena, as a result of their association with other political figures or groups, or as a way to retaliate against, target or shame a rival through their victimization. Whatever the reason, women were deliberately targeted for political purposes, often with a symbolic intent.

In some cases, women were targeted for merely participating in the public political sphere. ‘Aquila al-Hashimi, one of three female members of the Iraqi Governing Council [IGC], was murdered in September 2003. The Minister of Public Works Nisreen Mustafa al-Burawari, who at the time was the only woman serving in the cabinet managed to survive an attack on her convoy in Mosul on March 9, 2004 that left two of her bodyguards dead (Amnesty International, 2005).On November 20, 2004, Amal al-Ma’amalachi, a women’s rights activist and adviser at the Ministry of Municipalities and Public Affairs, was killed, along with her secretary, bodyguard and driver in Baghdad.[34] Such attacks intended to dissuade women from participating in politics.

Armed groups have also used women as pawns for their own political agenda. A case in point was the group Ansar al-Jihad, which kidnapped two female relatives of the Prime Minister Ayad Allawi on November 10, 2004, one of whom was 75-years-old and the other pregnant. The group threatened to kill the hostages unless their demands were

[34] Amal al-Ma’amalachi was also the co-founder of the Advisory Committee for Women’s Affairs in Iraq and the Independent Iraqi Women’s Assembly, both of which were established after the overthrow of Saddam Hussein’s government (Amnesty International, 2005).

met, though these consisted of an end to the US and Iraqi military operations in Fallujah and the release of all political prisoners (Amnesty International, 2005).[35] It is well documented that women's vulnerability increases in times of conflict, and in the case of Iraq women have been specifically targeted for abuse in part as a tactic of the political struggle. Brownmiller (1975) argues this is precisely the case because women epitomize "the identity and well-being of their community" (as cited in El-Bushra & Mukarubuga, 1995, p. 17). An assault on the lives and honor of women thus becomes an attack on that of the community.

As result of women's role as the embodiment of their community, women were deliberately utilized as targets by all sides in the Iraqi sectarian war. Anecdotal evidence collected by the Iraqi Women's Network indicates that rape was used as a tactic in the sectarian clashes in order to bring shame and dishonor to one's adversaries. Basmia Khatib, a member of the Iraqi Women's Network, characterized this as "collateral rape". She explains, "Rape is being used in the settling of scores in the sectarian war" (Beaumont, 2006, para. 16). Yanar Mohammed recounted a story of a young Shi'a girl, who was kidnapped, raped, murdered and then left in the Husseiniya area of Baghdad. She explained, "The retaliation was the kidnapping and rape of several Sunni girls in the Rashadiya area. Tit for tat" (Beaumont, 2006, para. 16). *The Observer* reported that similar events occurred all over Iraq. Salma, 49, who reportedly had an affiliation with people connected to Saddam Hussein's government, was a victim of a retaliatory attack. She told Human Rights Watch the story of her abduction and rape:

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[35] The two women were released 5 days later.

> They made me put my head down between my legs, and put a pistol to my head. They said that if I moved my head I'd be killed, so I don't know where they took me…They used hot water on my head, my eyes still burn from that and my arms. They raped me, in many, many ways. They kept me until the next day, I begged them, I said I have a young child, I said he might die if I leave him alone…When I came home my appearance was so bad…They burned my legs with cigarettes. They bit me, on my shoulders and arms. All of them raped me…there were ten of them total and I was raped by all ten of them. (HRW, 2003, p.4-5)

Liebling (2002) concludes that the rape of women during conflict is "a symbolic rape of the body of the community" (as cited in Parrot & Cummings, 2006, p. 5). This is not mere symbolism in the case of Iraq: Salma's experience demonstrates how the victimization of women became a ritualized tactic of the sectarian war itself.

Violence against Women in the Name of Security and the War on Terror

The discussion surrounding Iraqi women's experience of violence thus far has been limited to the community level actors, who have used the insecurity and the destabilization of the Iraqi social, economic, and governmental apparatus following the 2003 invasion to further their own economic, political or religious objectives. It is important to note that another dimension of gender-based violence exists – that committed by the representatives of the government. In these instances, women's human rights have been violated through intimidation, abuse, sexual assault, and torture at the hands of the Iraqi military and security forces and the Coalition forces. These deliberate acts of gender-based violence were often ignored, denied or legitimized for political

purposes and had serious repercussions for not only the Iraqi women and their families, but also for the community as a whole. As Parrot and Cummings (2006) explain:

> Political instability impacts people on the national and international levels and it also has serious implications for women, the family and the community. When countries are faced with political turmoil, the cultural instability is reflected by happens within the family structure. Women's safety within a community may be determined by what that community is facing in a political context. (p. 25)

As this chapter has demonstrated thus far, situated meanings in the gendered experience of violence occur in many different settings and are motivated by several complex factors. The remainder of this chapter analyzes how violence committed outside the home, including that committed in the interest of security and the War on Terror,[36] infiltrates into the home. At times, this resulted in severe, and at times, deadly consequences at the hands of women's own family members in the name of honor.

In 2005, nearly 625 Iraqi women were imprisoned in Al-Rusafah in Baghdad, while Al-Kazimiyah contained 750 women detainees, including girls as young as twelve and elderly women in their sixties. Iman Kamas, Head of the Occupation Watch Centre, claimed that at least 15 more prisons existed under the provision of the Coalition Authority, including Abu Ghraib, Al-Rusafah, and Al-Kazimiyah,Um-Qasir and Al-Nasiriyah. (Hassan, 2005, para. 20). As of 2007, officially, there were over 2,000 Iraqi women held in custody, some of whom were new mothers who were permitted to keep their babies with them, others had their children taken away upon their arrival and were denied information about their whereabouts (Zangana, 2007). Several published reports

[36] The "War on Terror" is the term the US government has given its continued operations in Afghanistan, Iraq, and Guantánamo.

mentioned instances wherein Coalition forces took Iraqi women and their children as hostages to use as collateral in order to force male relatives suspected of terrorist activities to confess, surrender and or collaborate with the occupation (Hassan, 2005; McNutt, 2005; Hilsum, 2004). In these cases, the situated meanings in the experience of violence clearly placed state security above women's human rights, affecting not only their safety and wellbeing, but that of their children and families as well.

Utilizing women as collateral was not just a symbolic practice. Zangana (2006) reported that in 2005, a mother was detained for over 7 months by Iraqi police in the Diwaniya police station, where she was tortured by electrical shocks attached to her heels. She was told they would rape her daughter next unless she provided information (para. 16). The narratives provided by Hassan (2005) illustrated the degree to which the Coalition forces went in order to extract information from suspects, strategically utilizing both men and women and exploiting their relationship, loyalty, and familial ties to one another: "After taking the women from their home in Baghdad, U.S. soldiers left a note on the gate: 'Be a man Muhammad Mukhlif and give yourself up and then we will release your sisters. Otherwise they will spend a long time in detention'" (para. 14). In another instance, Mithal, a 55 year-old Iraqi engineer, described an incident he overheard while a detainee himself:

> They took me to a detention centre (near Baghdad International Airport). There, I heard a young woman crying out from her cell, telling an American soldier to leave her alone. She said, 'I am a Muslim woman'. Her voice was high-pitched and shaky. Her husband, who was in a cell down the hall, called out, 'She is my wife. She has nothing to do with this'. He hit the bars of his cell with his fists until he fainted. The Americans poured water over his face and made him wake up. When her screams became louder, the soldiers played music over the speakers. Finally, they

> took her to another room. I couldn't hear anything more. (Hassan, 2005, para. 17)

The narratives of the Iraqi mother, Muhammad Mukhlif and Mithal demonstrate the exploitation of Iraqis by the Coalition forces, violating their basic human rights and turning freedom into a privilege – one that could only be gained by betraying loved ones.

Violence was strategically committed against Iraqi women even before their arrests, as evident in the midnight timing of the unannounced raids, sometimes accompanied by bright lights and noisy helicopters. This provoked fear in both women's daily lives and their nightly experience as well. Zangana (2006) illustrated, "In some neighborhoods, women now sleep fully dressed so as not to be caught in their nightgowns" (para. 11). Iraqi female Amub Dalah described her nightly routine, "I'm used to thinking of raids before I go to sleep. We are afraid of raids. And, as women, we are veiled and committed to our religion. So, when they come in and raid us unexpectedly, we could be in a state not ready for that. So, we are afraid of the raids" (Damon, 2008, para. 77).

Once taken into custody, female detainees experienced a range of torment, including but not limited to abuse, sexual assault and intimidation. These acts of violence were committed in order to gain information deemed crucial to the War on Terror and the security of the Iraqi state and also to coerce male relatives into confessing to crimes they may or may not have committed (Zangana, 2007; Hassan, 2005; Hilsum, 2004). According to Dr. Salam Ismael, an employee at a General Hospital in Fallujah, many of the women arrested, especially at the beginning of the siege in 2003, still had not resurfaced. When asked about the arrests of Iraqi women, he emphasized, "It was one of

the Americans' most desperate and damaging tactics" (Hilsum, 2004, para. 5). The arrest was only the first phase of the dehumanizing trauma and humiliation the detainees would typically face. A report released by Physicians for Human Rights [PHR] in 2005 noted that psychological torture was a major tactical strategy in interrogation techniques in Iraq, including: prolonged isolation, sensory deprivation, sleep deprivation, severe sexual and cultural humiliation, forced nudity, the use of threats and dogs to induce fear of death and injury, mock executions and death threats (Borchelt, 2005, pp.3-9).[37]

Guardian reporter Luke Harding (2004) described the dehumanizing, psychological abuse an elderly Iraqi woman in her 70s underwent at the hands of her captors, "She been harnessed and ridden like a donkey at Abu Ghraib and another coalition detention centre[s] after being arrested last July [2003]" (para. 4). Harding's account was corroborated by British Labour Party Parliament member Ann Clwyd, who investigated the case (McNutt, 2005). In another case depicting the degradation and violation of basic human rights, Raghada, a young Iraqi girl, reported that as a prisoner in Abu Ghraib, her mother was urinated on and forced to eat from the toilet (Ciezadlo, 2004, Hilsum, 2004). Tragically, these narratives were just two instances in which women were stripped of their very basic human rights, humiliated and terrorized in the most inhumane way. Unfortunately, they merely represent the surface of an enormous collection of violations, most of which will never be aired or even acknowledged. Photographs and videos detailing the dehumanizing treatment of detainees have been publicly leaked and

[37] For exhaustive, well-documented case studies on torture taking place against men and women in US-detention centers in Iraq, Afghanistan, and Guantánamo during 2003-2004, refer to The PHR 2005 report titled "Break them Down: Systematic Use of Psychological Torture by US Forces" written by Gretchen Borchelt.

condemned by international human rights, UN, and international health organizations, provoking public outrage and revulsion but unfortunately, despite all of the rhetoric, very little was done to remedy the situation. In effect, using women as collateral to achieve the greater good, in this case, information that may or may not be pertinent to national security and the War on Terror, turned the intimidation, exploitation, victimization and dehumanization of Iraqi women into a normalized tactic of the war itself.

According to an Iraqi Member of Parliament, from 2003 to early 2007, there were 1,053 documented rape cases that named members of either the Coalition forces or Iraqi military and security forces as the perpetrator (Zangana, 2007). A report released by the women detained (Hassan, 2005, para. 8). An Iraqi female detainee, referred to as Noor for her protection, described the sexual abuse and assaults against female detainees she witnessed, “U.S. soldiers at Abu Ghraib prison raped women and, in many occasions, forced them to strip naked in public. She [Noor] admitted seeing 'many female detainees got [sic] pregnant” (Hassan, 2005, para. 10). Another account confirmed by Iman Khamas, an Iraqi Attorney for the International Occupation Watch Centre stated, “One former detainee had recounted the alleged rape of her cell mate in Abu Gharib. She had been rendered unconscious for 48 hours. She had been raped 17 times in one day by Iraqi police in the presence of American solders” (McNutt, 2005, para. 3).

The U.S. Army Report on Iraqi prisoner abuse conducted by Major General Antonio Taguba, known as the Taguba Report, confirmed these findings, including Noor’s story (Hassan, 2005; McNutt, 2005, Harding, 2004). Tragically, Noor’s suffering did not end here. Professor Huda Shaker al-Nuaimi, a political scientist at Baghdad

University, declared that she no longer believes Noor is still alive. Shaker al-Nuaimi reflects on the tragedy of Noor's case, "We believe she was raped and that she was pregnant by a US guard. After her release from Abu Ghraib, I went to her house. The neighbors said that her family had moved away. I believed that she was killed" (Harding, 2004, para. 8).

Research patterns clearly indicate that attacks of sexual violence against women by Coalition forces and Iraqi security and military forces were not isolated and occurred in different areas of Iraq, many outside the official domain of prisons and detention centers. The rape and murder of 15-year-old Abeer Qasim Hamza[38] and her family was one example of the brutal victimization that took place against Iraqi civilians in their own homes. Ellen Knickmeyer elaborated in an article written for *The Washington Post*, in which she described a night raid on a house in Mahmudiya on March 10, 2006 wherein US forces belonging to the 502nd unit took 15-year-old Abeer into another room and after raping her, shot her along with her mother, father, and her 7-year-old sister. The death certificate mentioned that Abeer's body sustained burns as well. Knickmeyer (2006) pointed out that the US soldiers at the scene originally blamed the murders on "Sunni Arab insurgents active in the area;" however, since the Hamza family was Sunni, this did not add up, and later the killings were claimed to be sectarian-related, committed by a Shi'a militia. Three months after the fact, based upon statements made from two US soldiers from the same unit, the US military began an official investigation – only the

[38] In her 2006 piece "All Iraq is Abu Ghraib", Haifa Zangana also reported on the rape and murder of Abeer. However, she uses the name A'beer Qassim al-Janaby, which according to *the Washington Post* article, was the family name of Abeer's neighbor, Omar al-Janaby.

fourth case investigated by the American military in a 3 month period (Knickmeyer, 2006).

In a similar case, Zangana (2006) reported in September 2005 that three women from the Saad Bin Abi Waqqas neighborhood in Tell Afar were raped in their home following the arrest of their male relatives by US soldiers, one of whom died following the rape (Zangana, 2006). These calamitous experiences of trauma and suffering only confirm that violence was neither limited to the battlefield, nor to security detention centers or prisons. It penetrated both the public and private domains, leaving women as vulnerable targets within the conflict. Ultimately, this redefined the daily reality of ordinary Iraqi women and their families and disrupted their ability to fulfill their familial and social roles, including maintaining the family's honor – which, as the next section demonstrates, could have fatal consequences.

Honor and Its Dangers

Statistics regarding honor killings are difficult to track and frequently go unreported; often they are incorrectly classified as suicides, if they are documented at all. There have been very few public accounts of Iraqi women's experiences while detained or after their release. The Iraqi Ministry of Women's Affairs reported that from the fall of Saddam in 2003 until mid-2005, over 400 Iraqi women were raped and more than half later lost their lives as a result of honor killings (Al-Ajely, 2005). Iraqi activists place this number of murders at 2,000 from 2003 to mid-2006 (Tarabay, 2006).

In order to fully comprehend why so many Iraqi women have tragically lost their lives in the name of honor - at the hands of their own male relatives - it is important to understand that sexual violence has serious implications that go beyond the mere physical level. Tribal and cultural traditions heavily influence Iraqi social values and norms. Honor is not merely a concept, it is the foundation upon which the reputation of the family, the tribe and the community is constructed and negotiated. Community and family members will go to great lengths to protect and uphold their honor because it is, in effect, a direct reflection of their reputation and name, and in Iraq's patriarchal society, women are an embodiment of this honor. Community and state-level actors are able to strategically exploit this notion of honor. Suad Joseph (1999) elucidates, "The collective patriarch may view his wife (wives), sisters, junior siblings and children as extensions of himself" (p.13). Therefore, if a woman acts in a dishonorable way or is sexually victimized, the honor of the family, the tribe and the community is violated and would be mired in shame and disgrace until the honor is reclaimed. In this, the victims are not only exposed to the immediate emotional and physical trauma of the violation, but they often lose the familial support system and the intimate relationship that they once held with their spouse – or if they are unmarried, their chances of marriage are close to zero. In a tragic twist, some families believe the only way they can restore their lost honor is by taking the life of the person whose victimization dishonored the family - an act known as an honor killing.

This places a dual burden on women: they are not responsible for the attack on their body, the very assault that destroyed the family's honor, but they are blamed

nevertheless. For some women, speaking about their victimization may have increased their vulnerability, so many deemed it safer to stay quiet after an attack. Amal Kadhim Swadi, an Iraqi lawyer representing female detainees at Abu Ghraib, recounted a discussion with one of her female detainees at al-Kharkh, a former police compound in Baghdad that was converted into a US military base:

> She was the only woman who would talk about her case. She was crying. She told us she had been raped. Several American soldiers had raped her. She had tried to fight them off and they had hurt her arm. She showed us the stitches. [The female detainee continued] We have daughters, and husbands. For God's sake don't tell anyone about this. (Harding, 2004, para. 4)

It is serious enough that women were sexually assaulted, but there is also palpable fear in those who survived the attack of the repercussions that they would face. Hilsum (2004) speculated that because they were sexually victimized, some of the women may have been sent away by their families, either to another village or abroad in order to preserve a sense of familial honor. Others, as Dalal's case illustrates, have resorted to killing the female victims. Dalal was imprisoned in Tikrit and became pregnant as a result of being raped by the prison guards. Her brother was allowed to visit her and when he entered her cell, he shot her, consequently sparing his family the shame of a pregnancy out of wedlock (Susman and Ahmed, 2009).

Even if the rape victims had the means and the courage to seek medical attention, they were not always guaranteed access. HRW (2003) documented several cases where women and girls who tried to obtain treatment for sexual abuse at Baghdad hospitals were turned away. Medical staff claimed not to have the competency to complete forensic examinations, while others stated they could only execute diagnostic

examinations and would not be able to provide treatment for injuries or post-exposure prophylaxis for sexually transmitted diseases (HRW, 2003). A 9-year-old rape victim named Saba was turned away from both a hospital and a forensic institute. After a few days, she was still bleeding. A friend of the family, who tried to obtain treatment for Saba, explains the challenges he faced:

> We took her to Medical City [a complex of hospitals in East Baghdad]. There, they said they couldn't treat her, they said that she needed stitches. I took her to the forensic center, they told me to go there. At medical city, they knew what had happened to Saba, she was bleeding when it happened. But then they wouldn't treat her. At the forensic institute, I didn't go to the doctors; I went to the general manager. I talked to him, and he said that they didn't receive such cases, that I would have to bring a report from the police. But there were no police stations helping them (p. 9).

Saba's case demonstrates how deeply the concept of honor is embedded at both the familial and community levels. Even if a family accepted that their daughter, wife, or sister was victimized, they still experienced social barriers to their care and wellbeing.

Even if a woman was not sexually victimized, the mere belief that she had been could put her in danger. Fatima's story, as told to *NPR* Correspondent Anne Garrels (2005), substantiated this notion. Garrels reported that Fatima was kidnapped from her home in West Baghdad, and a note was left stipulating that Fatima would be raped and killed if her brother did not quit his position on the police force. When Fatima was returned home, she was murdered by her cousin, Sarhan, who stated, "She knew the customs, but I don't think she expected we would kill her. She was crying. I saw in her eyes that she thought we would take her in our arms and say, 'Thank God you are safe.' But she got bullets instead" (para. 4). He continued by explaining it was him who

committed the murder, “Her brother couldn’t do it, nor her father. I had just come back from work as a traffic policeman, so I had my service weapon with me” (para. 6). Although it was never confirmed if Fatima had, in fact, been sexually assaulted, he elucidated the reasons behind the killing:

> We couldn’t know for sure whether she had lost her virginity or not. To go for a medical test would have just made the scandal worse. What really hurt us is people saying, ‘This is a curse on your family.’ Tribal customs demanded she must be killed, so that our honor will be washed, polished. We managed to contain the whole situation. We have a friend who works in the cemetery in Najaf. They are in charge of digging graves. We gave them money; they buried her. It’s over. (para. 9)

When asked by Garrels what would have happened had he let his cousin live, he declared, “It would have been a catastrophe. Her life would have been turned into hell. She could not have gone out of the house. We would have imprisoned her. Her father could not raise his head in front of people. Our entire family would be destroyed” (para. 13).

As Saba and Fatima’s cases illustrate, women who have been victimized faced an increased risk of danger upon their arrival home, in some cases losing their lives. As a result, they often went to great lengths to prove they had not been sexually assaulted. In a 2003 study completed by HRW, Muna’s case illustrated the gravity of a false accusation and the desperate attempts women went to protect themselves:

> U.S. military forces tried for two days to organize medical attention for Muna B., the 15-year-old girl who was abducted in early May. Even with this assistance, three different hospitals refused to examine Muna B. because she also wanted a forensic examination to document the assertion that she had NOT been raped in order to protect herself from the possible retaliation by her family. (HRW, 2003, p. 11)

Tribal and cultural values place a premium on the virginity of unmarried women. The mere allegation or insinuation that a woman's virginity is not intact can cast dishonor on the family and limit her opportunities for marriage, decreasing her social and economic security. In most instances, the marriage prospects of survivors of sexual assaults are unfavorable. A woman may have to marry a man much older than herself or become a second or third wife to man who is already married. In tribal societies like Iraq, victims of sexual violence also risk social and communal isolation as a result of their attack. In many instances, she may be viewed as a traitor or a collaborator with the occupying forces, putting her life in even greater danger.

The concept of honor is embedded into women's every day lived reality and if it is violated, as this chapter has demonstrated, the ramifications can be severe. Women were in this sense victimized on multiple levels, surviving one attack and upon their arrival home, having to face another. Yet the threat of violence did not end here. As a result of the 2003 invasion, occupation and ensuing civil violence, another stratum of violence emerged – the fear of violence – which obstructed women's familial responsibilities and ability to live normally.

The Consequences of Violence in Women's Daily Reality

Though Iraqi women experienced violence and its effects differently, in each instance, the expressions of violence became an embedded, inescapable reality in their daily lives. Parrot and Cummings (2006) argued that the fear of rape (and in the case of

Iraq, general violence) is a form of gender terrorism, causing women to spend their time thinking of ways to remain safe and employing crime reduction strategies into their daily routines. They further emphasized that "women's safety is compromised everywhere, including the home and community most familiar to her" (p. 95); the perpetrators were random and the women had no way of knowing when they would be attacked or by whom. In this, women were forced to negotiate the violence and the challenges that it produced on a daily basis.

Ultimately, this threat of violence and rape was successful as a tactic of war in that it has restricted women's liberty and freedom of movement and instilled a sense of perpetual terror into their daily lives. According to the 2008 Women For Women International study, 74.5% of Iraq women avoided going out of their homes "very often or somewhat often", 86% said they were unable to be in the streets as they wished, and 68.3% were not able to drive (p.17-18). Layla, a 52-year-old pharmacist, explained that she lived in constant fear of not only herself being abducted but her children as well. "We are all afraid and I cannot go alone anywhere. Even my older daughters, I fear for them. This is not a normal life we are living anymore" (Jamail, 2005, para. 25).

The fear of violence encroached on women's familial responsibilities. Women's roles as caregivers ensured that they were disproportionately responsible for the care of their families, and in times of war, this already heavy duty became much more difficult. Vivian Stromberg, Executive Director of MADRE, an International Women's Rights Organization concurred, explaining that in times of conflict, people's basic needs do not vanish, in fact, they typically increase. Stromberg emphasizes the obligation to meet

these needs is typically placed upon the woman (as cited in Parrot & Cummings, 2006, p. 102). Assmaa Fadil, a 38 year-old teacher illustrated the forced confinement women experienced, “Most of us stay at home unless we absolutely must go out for food. Because we know so many women who have been kidnapped, it is only a matter of time for us if we continue traveling around the city” (Al-Fadhily & Jamail, 2006, para. 22). The fear originating from the insecurity and violence not only restricted the mobility and livelihood of Iraqi women, it narrowed the already meager range of options available to them.

These effects of the violence were especially pronounced in women-headed households, which number 1-3 million in Iraq (ICRC, 2009). Many of these women were forced into the role because their husbands, fathers or brothers were killed in one of Iraq’s many conflicts, were missing or were in detention. These circumstances were especially poignant for women who were not sure if their husbands were alive or dead, as Gulizar an Iraqi woman from Erbil illustrated in an interview:

> I last saw my husband in March 1991. A shell hit one of our neighbours house, killing several people. My husband told me to take the children and leave the city because soldiers were coming. He went to the neighbour's house to help the wounded. I kept expecting my husband to catch-up with us, or to meet him somewhere on the road. We never saw him again. For 12 years my heart jumped at every turn of the door handle thinking it was him, I thought he was in jail, unable to get a message to us. After 2003 I lost hope. (ICRC, 2009, p. 3)

To further complicate matters for women-headed households, paid employment for women in the post-war environment was scarce - in 2006, only 14% of women between

16 and 60 years had employment outside the home.[39] Even if women were able to find work, leaving home put them and their children at even greater risk (UNICEF, 2006). Um Mohammed, 41, from Fallujah described how violence took the lives of both her husband and son, removing the family's only sources of income:

> My whole life changed when my husband was killed during the events of 2004. He was returning home after work, when fighting broke out between armed groups and Coalition forces. A stray bullet killed him instantly. I ran out of the house followed by my children, and I will never forget the sight of my husband lying dead in our street. I had been a happy wife, taking care of our 5 children at home; my husband had always cared for us. Suddenly everything became my responsibility. I felt lost, I had no support, and I did not know how to face the outside world alone. My 16-year-old son had to leave school to earn a living as a cleaner, there was no other choice. One day as my son worked, there was shooting and because he was just a child, he became scared and ran to the street. A sniper shot him in the head and killed him. (ICRC, p.4)

As a result of the violence, many women-headed households were forced into dire, impoverished conditions. Personal interviews conducted by the International Committee of the Red Cross in Iraq [ICRC] in conjunction with a local Iraqi NGO in July 2008 found that in vulnerable households headed by women in Baghdad, the average income monthly income was below 150,000 IQD per month ($125 USD), most of which was derived from relatives and charity. ICRC (2009) stressed that this amount did not even cover half of the monthly minimum household expenses.[40] The social support system was also underutilized. Williams (2009) reported that only one in six widows had collected the governmental widow's pension, which amounted to $50 USD per month

[39] In comparison, 68% of men were employed as of 2006 (UNICEF, 2006).

[40] To put this figure into perspective, Williams (2009) noted that a 5 liter container of gasoline (used for gas or a generator) cost approximately $4 in 2009.

plus $12 per child.[41] Furthermore, only 25% had received compensation for "spouse killed by terrorism"[42] which is 2.5 million IQD ($2300). Because the application process for both pensions was time-consuming, complicated and required significant documentation that was difficult to obtain, (such as the proof of death)[43] many women who would qualify for this extra income were not receiving it. Bureaucratic shortcomings, budget deficiencies, backlogs and corruption only added to the difficulties of the process (ICRC, 2009).

Williams (2009) reported that in many instances, widows needed to have appropriate political connections in order to be able to collect the pension; if one did not have the proper *wasta*,[44] in some instances women had to agree to temporary marriages[45] with the government officials in charge of the pensions in order to receive the payment they were entitled. While the widow pension was an important source of household income, it only amounted to a fraction of what was actually needed to survive and was only a temporary solution. Ishaya, 59, from Najaf, described the emotional toll of her

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[41] According to the 2009 study by ICRC, only 1 in 10 widows had collected their pension.

[42] For those whose spouses were killed by terrorism since 2003.

[43] Widows need proof of death not only for the widow pension but also to remarry as well.

[44] *Wasta* is the Arabic term denoting the "mediation or intercession" on behalf of a person in order to receive some preferential treatment, a service, or material goods (p.25). For further discussion of *wasta*, see Makhoul and Harrison's 2004 article, "Intercessory *Wasta* and Village Development in Lebanon."

[45] Known as *mut'a* in Arabic, *mut'a* is accepted in Shi'a Islam and is a temporary marriage contract in which a man can marry a woman for set amount of time and money, which is agreed upon before the marriage. The time can range from one hour to several years. The husband carries no financial responsibility for the wife and there is no limit to the number of *mut'a* one can do. Many Muslims (and others) argue this practice is similar to prostitution, however, advocates maintain it can serve as a source of income for war widows. For more information, I recommend Shahla Haeri's (1989) *Law of Desire: Temporary Marriage in Shi'i Iran.*

husband's disappearance and the difficulties she has faced as a result of her inability to confirm whether or not her husband is actually dead:

> I was married and my husband took good care of me. I lost him during the Iraq-Iran war. He is still missing. I stayed alone waiting and waiting and I will keep waiting for his return, or for news of his fate until the day I die. 22 years have passed and I do not know if he is alive or dead, because I did not see his body. Without a death certificate, I cannot get a pension. I have my work to survive but I am afraid if I lose my health, I will also lose my dignity by asking people for food. (ICRC, 2009, p. 3)

The large-scale displacement spurred by the violence further increased the vulnerability of women and their families. As of 2008, the number of these internally displaced people [IDPs][46] in Iraq was estimated at 2,842,491,[47] including the 200,000 Iraqis who were displaced between 2003 and 2005. It is crucial to note that the escalation of inter-communal violence from February 2006 to December 2007 led to an additional 1,268,000 displaced individuals (IDMC, 2010b). Approximately 1 in 10 internally displaced families was headed by a woman (Schlein, 2009). Moreover, women and children under the age of 12 make up more than 82% of displaced people (ICMC, 2010a). Many of these families lacked adequate access to health care or social support networks

[46] This thesis uses Kalin's (2008) definition which was adopted by the International Displacement Monitoring Centre, classifying internally displaced persons [IDPs] as "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border" (IDMC, 2010a; Kalin, 2008, p. 157). It is important to note this definition highlights two critical characteristics of IDPs: 1) movement is "coercive or otherwise involuntary", and 2) movement occurs "within national borders" (IDMC, 2010a; Kalin, 2008, p. 3).

[47] These statistics were gathered from the Ministry of Displacement and Migration (MoDM), the Kurdistan Regional Government and under the monitoring of IOM, UNHCR and IDP working group. The IDMC emphasizes that all statistics should be carefully scrutinized. IDMC explains that, "Registration of post 2006 displaced remains voluntary, and contingent on documentation which IDPs may lack. Multiple patterns of displacement also complicate the figures. The figures may not reflect on the number of returnees as deregistration remains voluntary and many have yet to be deregistered…Observers have suggested that figures on displaced populations, particularly in northern Iraq, have been politicised according to parties' claims over disputed territories" (IDMC, 2010a, para. 2-3).

and have been forced to live in substandard living conditions, such as refugee camps or abandoned homes and buildings, which often lacked basic sanitation, working sewage systems, access to drinking water, electricity, and paved roads (IDMCb, 2010; Schlein, 2009). Uncertainty and the threat of eviction grew to define their daily reality. In many instances, there were no opportunities of employment and women were forced to rely on charities in order to meet their most basic needs (Schlein, 2009). A 35-year-old Iraqi woman from Dohuk, Kurdistan described her life in an IDP camp:

> I live in a camp in Dohuk governorate with my 5 children. My husband has been detained since 2006. Luckily I have a job, packing soil in plastic bags for a local nursery. My daily wage is 7,000 IQD ($6 USD), but it only covers a fraction of my family needs. I think all the time of ways to put food on the table. I sold my only traditional Kurdish dress for a gas canister last week. Sometimes I barter a bottle of cooking oil for fresh tomatoes. When my children ask me for more, I tell them "maybe tomorrow", in the hope they have forgotten by the next day. The youngest keeps asking about his father saying he wants to search his pockets for sweets when he returns from the souk, he thinks he is coming back with presents (ICRC, 2009, p.6)

The double burden of violence and Iraq's patriarchal social system made life extremely difficult for women-headed households. In these situations, the economic, social and physical support and protection that was once available through a husband or a male relative no longer existed, drastically increasing a woman's vulnerability and sometimes forcing women to make desperate decisions. Traditionally, when a woman was widowed, she returned to her family or went to live with her husband's family, who is expected to financially support her and her children (ICRC, 2009). The insecurity and continued violence contributed to a breakdown in the social and familial support systems, shattering the traditional familial safety net. Iraqi families encountered difficulties

meeting their own immediate needs and many did not have the financial means to cope with the additional burden of their extended family members, leaving women to bear the whole burden and frequently, being forced to depend on their own young children for economic survival. Buthina, 39, from Wassit explained her desperate situation:

> After my husband was killed, I went to live with my family in Wassit. All they could give me was a place to stay…At the moment, we live on the monthly ration. We can just afford two meals a day. My three daughters 8, 12 and 15 years had to leave school because it's too expensive. My sons aged 11 and 16 are still going to school. But in the evening, instead of homework, they have jobs in the market. I know it is too much for my children to deal with. My oldest son is depressed and has nightmares; he sometimes seems to have no will to go on… I know I place too much on his shoulders but he is the man of the family now. (ICRC, 2009, p. 7)

As violence began to peak in 2006, *New York Times* writer Timothy Williams (2009) reported that 90 to 100 Iraqi women were widowed each day (para. 9). Many of the 1-2 million widows[48] in Iraq had no close male relatives to offer them the physical, financial, and emotional support they needed in order to survive and millions more children are being raised without their fathers (Sykes, 2009; Zangana, 2007). Rana, 25, from Baghdad, depicted her daily struggle, one shared by many widows across Iraq:

> In 2005, my husband and father were caught in crossfire near Abu Ghraib and were both killed. I was a student, married just four months and pregnant. Soon afterwards, my brother was kidnapped and killed and my brother-in-law was shot dead. My widowed mother, my widowed sister and I left to Baghdad. In one month, I lost my husband and all the men in my immediate family. I quit my studies. My son was born without a father and we shared a flat with another widow for a few months. Then we stayed in an empty house, but were forced to leave after a while. Again and again we moved, trying to find a suitable place with the little money we had. I sold all my belongings to pay for rent and food. I moved 10 times in 2 years. Three months ago, I met a lady on the bus; she is kind

[48] Sykes (2009) cited the estimate given by Narmeen Othman, Iraq's acting minister for Women's Affairs in 2009. Academic and exiled Iraqi writer Haifi Zangana (2007) estimated 1.5 million.

> enough to give me money every month to survive. Women in this sort of situation only have each other to lean on. (ICRC, 2009, p. 5)

The loss of familial support was especially detrimental to elderly widows. Youss'ra Ahmed, 85, was left behind by her relatives when they fled their home in Baghdad because of the violence. Her neighbors found her after 2 days, lying in her bed, sick, hungry and thirsty. Ahmed was fortunate - her neighbor Hassany took her in. He stated, "we took her to our home and are trying to help according to our means, but God will make them [the relatives] pay for what they have done to this woman, who has given her life to raise them" ("Elderly most vulnerable", 2007, para. 9). However, not all women were as fortunate; many are left alone without any means of support. Marian Majeed, 69, depicted her daily struggle, "I don't have anyone to look after me…Today I'm alone after losing all of my relatives and I have to beg for food to keep me alive" ("Elderly most vulnerable", 2007, para 11).

The lack of available alternatives increased women's risk of exploitation and violence, particularly while they desperately sought vital necessities outside of the home; some have been forced to turn begging. International Migration Organization [IMO] spokeswoman Jemini Pandya emphasized that as a result, many women were at a greater risk for becoming victims of trafficking or were forced to turn to prostitution (Schlein, 2009; Williams, 2009). [49] Williams (2009) reported that the insurgency recruited women in return for financial compensation. As the experiences of the Iraqi women demonstrate,

[49] I found numerous personal blogs that discussed the trafficking and prostitution of Iraqi women, particularly inside the Green Zone. However, as I explained in the Introduction, since I was unable to substantiate the veracity of the information found on these blogs, I did not want to risk my own credibility by relying on potentially questionable sources. For this reason, I chose not to use these sources.

violence and its effects played a drastic role in their lives and that of their children. The family structure that once provided economic and social support was shattered, leaving women with very few viable alternatives - forcing many to make desperate decisions for the sake of their daily survival, many of which will have ramifications for years to come.

The success of violence against women as a wartime tactic and its effects on the collective community contributed to its prevalence in the overall conflict. This chapter has examined the gendered experience of violence through narratives of Iraqi women following the 2003 invasion. In each instance, the violence shaped and redefined the everyday lived reality of Iraqi women. The violence harmed women individually and collectively – victimizing them at all levels, in effect, turning their violent exploitation into normalized tactics of the war itself. The violence also circumscribed Iraqi women's ability to fulfill their familial and social roles, an effect especially palpable in their somatic experiences, an area explored in the next chapter

CHAPTER 3:

GENDERED SOMATIC EXPERIENCES OF VIOLENCE

Although the official war in Iraq ended, there was not a diminution of women's risk, trauma, and suffering. Violence has become a normalized reality of women's daily lives. This chapter argues that the direct and indirect effects of violence were more resilient and played a prominent role in the lives of Iraqi women, revealed through their somatic experiences, or that which affects their bodies.[50] While it can be difficult to separate the chronic health and social effects from the previous wars and sanctions, this chapter argues that the occupation and the civil violence between 2003 and 2008 have taken a further toll on reproductive and maternal health as well as the health of infants and children. This chapter examines how the effects of violence go beyond the battlefield and affect women in the most intimate way possible – their health and that of their children.

Brief Overview of Reproductive and Maternal Health Status of Iraqi Women

At the onset of the invasion and subsequent occupation in 2003, one in five Iraqi women was of childbearing age (McDermott, 2003),[51] and the median age for women

[50] For the purposes of this thesis, the term "somatic" pertains to that which affects or relates to the soma (body).

[51] This was calculated using the figure of 24 million; Iraq's total population in 2003.

was 19.5-years-old.[52] The total fertility rate during the same time period was 4.52, representing the average number of children born to each woman (CIA, 2010, WHO, 2008a).[53] One million cases of pregnancy were confirmed every year in Iraq which amounted to one pregnancy for every five households (Zangana, 2007),[54] and more than 2,000 Iraqi women gave birth daily (UNFPA, 2003b). Zangana (2007) estimated that half of the Iraqi households were comprised of pregnant women or with children under 2 years of age. As these statistics illustrate, a significant portion of the Iraqi population was of childbearing age, pregnant, a new mother, or had a pregnant family member, which is important since violence exacerbates reproductive and maternal health problems. Moreover, maternal mortality leaves infants and children especially vulnerable - children whose mothers have died were 10 times more likely to die prematurely (UNFPA, n.d.), which imposes a heavy burden on the entire society.

The health status of Iraqi women suffered as a result of the Iran-Iraq War, the Gulf War and the economic sanctions; however, no matter how poor the health status of Iraqi women had been prior to the 2003 invasion, the occupation and civil violence after the war caused a precipitous decline in the health and well-being of Iraqi women, infants and children. To a certain degree, it is difficult to untangle the lingering effects of the sanctions and previous wars. However, by tracing the statistical data in reference to the

[52] This figure is from 2005 and was calculated by dividing the population into two numerically equal groups: half the people are younger than this age and half the people are older. This figure summarizes the age distribution of a population (CIA, 2005).

[53] This is assuming all women lived to the end of their childbearing years and bore children according to the given fertility rate at each age.

[54] Zangana (2007) stressed that because not all pregnancies are officially reported, the rate of pregnancies per woman and household is probably higher.

trends of violence in Iraqi society, it is clear that the direct and indirect effects of violence were primarily responsible for the sharp increase in maternal mortality during the years following the 2003 invasion.

To better understand the poor status of Iraqi women's health, it is important to compare the health of Iraqi women with that of other women in the region. In the period of 2003 to 2006, the probability that an Iraqi woman would die between the economically productive ages of 15-60 was 187 out of 1,000. The regional average for this statistic is 102, with a high (outside of Iraq) of 136 and a low of 52. Even for Lebanese women, whose country endured a civil war from 1975-1990, the annual mortality rate was 133. Another indicator that can give insight into the diminished health status of Iraqi women are the regional HALE statistics (healthy life expectancy at birth), which take into account years lived in less than full health due to disease and/or injury, adjusting the average number of years that a person could expect to live accordingly. On average, women from neighboring countries could expect to live 13 more years than Iraqi women in full health. (See Figure 2)

Maternal Mortality and Pregnancy

Among women of reproductive age in developing countries, complications during pregnancy and childbirth are a leading cause of death and disability. Globally, 536,000 women die per year in pregnancy or childbirth. This amounts to a woman dying every minute (UNFPA, n.d.; WHO, 2008b). This figure does not take into account another 10–

15 million women whose complications from pregnancy and childbirth have left them disabled or suffering from a long-term illness (UNFPA, n.d.). UNFPA emphasized that the majority of these complications either develop as a direct result of a woman's pregnancy status or because an existing condition was worsened by the pregnancy (n.d.). Although there are a number of causes that contribute to deaths in pregnancy, childbirth or the postpartum stages, 80% of deaths are due to four causes: severe hemorrhaging, which usually occurs postpartum; infections, which typically arise soon after delivery; eclampsia, a hypertensive disorder that can lead to seizures or coma; and obstructed labor (UNFPA, n.d.; WHO, 2008b).[55]

A lack of antenatal care, also known as prenatal care, a poor maternal health status at the time of conception and a lack of access to proper care are also direct causes of maternal-related mortality. On top of these, poor nutrition, including anemia, and parasitic infections, such as malaria, also influence women's maternal health status (WHO, 2008b; UNFPA, 2003a). Such issues are largely preventable or treatable, however, in the developing world or in countries that are experiencing conflict, many of the necessary medicines, facilities and technologies are largely inaccessible (WHO, 2008b; UNFPA, 2003a).

Though Iraqi women historically enjoyed an elevated health status (compared to other states in the region), their quality of health began to decline following the Gulf War and during the UN-imposed sanctions that followed. In 1989, prior to the Gulf War and

[55] UNFPA (n.d.) also noted that another 13% of maternal deaths are due to unsafe abortions, while 20% were due to indirect causes such as HIV, anemia and malaria.

the sanctions, the maternal mortality rate for Iraqi women was between 117 and 160 per 100,000 live births (UNIFEM 2004; WHO, 2001).[56] Ten years later in 1999, the effects of sanctions drastically increased this rate to 294 per 100,000 (UNIFEM, 2004[57]). This rate stayed stable at 291 for both 2000 and 2001 (WHO, 2003) and likely held at near this level for 2002, though statistics were skewed dramatically to the astronomical rate of 370 per 100,000, indicating that Saddam Hussein's government had manipulated the figures for political reasons.[58]

In spite of the lifting of the sanctions following the 2003 invasion and the low levels of civil violence in the early years of the occupation, violence of the invasion and occupation likely caused these figures to remain roughly the same in the immediate aftermath of the invasion. However, with the escalation of the civil conflict in 2005, these figures jumped significantly, indicating that violence directly or indirectly impacted women's health and well-being. The remainder of this section explores this trend and analyzes the determinants behind the decline in Iraqi women's health status during the 2003 to 2008 period, paying particular attention to the effects of violence on maternal health in Iraq.

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[56] There is some variance in the numbers reported by sources during this year, UNIFEM (2004) cited a rate of 117, whereas the WHO (2001) reported the higher rate of 160.

[57]UNIFEM (2004) cited the "State of the Children's World Report" conducted and published by UNICEF in 2001 as the original source for the maternal mortality rates listed. However, I was unable to find the original UNICEF study.

[58] Numerous sources incorrectly cited the maternal mortality rate in 2003 as 370/100,000. According to UNFPA (2003b), this is actually the rate for 2002. As Spagat (2010) notes, during the sanction period, Saddam Hussein inflated morbidity and mortality figures in order to discredit the sanctions. This suggests that the significantly exaggerated 2002 rate was more than likely a similar political ploy. This error has serious implications because data from 2002 is before the actual invasion and occupation and is still under the sanction period, while figures from 2003 represent the invasion and post-invasion period.

The Effects of Violence on Maternal Health

Even under ordinary circumstances, pregnancy carries added risks for both woman and child. Given the underlying threat of violence and the negative effects the conflict has had on both women's health and the Iraqi medical system, the risks were not only increased but also difficult to counteract. As a result, many Iraqi mothers died from complications that were often avoidable. It is important to note that violence prevented medical experts from assessing how many women have died in childbirth and even today; it is difficult to determine the actual figure.

The year 2003 is a difficult one to measure due to the insecurity, chaos and restrictions of the invasion, the disassembly of the Iraqi ministries and the bombing of the UN headquarters on August 19, 2003, which not only killed 20 and wounded 100 but also hindered the collection of necessary primary source data related to Iraq's public health (UN/World Bank, 2003). However, a report published by Physicians for Human Rights has estimated that the maternal mortality rate of 2003 was roughly similar to that of the preceding years (291 per 100,000 for 2001 and 2002), with a rate of 292 per 100,000 live births (Rassam, n.d.).[59] If one tracks maternal mortality in conjunction with the patterns of violence in Iraqi society, it is clear that the increase in violence coincided with a profound increase in maternal mortality. The distinctions between the relatively calm year of 2004 and the increasingly violent year of 2005 are perhaps most demonstrative of

[59] As the preceding footnote explains, the 292/100,000 maternal mortality rate is a far more plausible figure than the grossly inflated 2002 estimate of 370/ 100,000, which is cited in a variety of journalistic reports.

this. In mid-2004, the reported maternal mortality rate was 192 per 100,000 live births[60] (UNDP & Iraqi Ministry of Planning and Development Cooperation, 2005). However, with the spike in civil violence in 2005, this rate increased to 300 per 100,000[61] (WHO, 2009a; UNIFEM, 2004; UNFPA, 2003b).[62] With all other factors nearly the same, this clearly indicates that violence and its indirect effects were the significant factors behind this otherwise inexplicable spike in maternal deaths.

It should be noted that violence involves more than simply the loss of life or a direct attack on a woman herself. The damage to infrastructure, loss of mobility, unemployment and financial hardship, wartime environmental contamination, displacement and massive losses to Iraq's medical system and practitioners represented additional effects of violence that are often not linked to the violence itself. However, the magnification of these factors during the spike in violence between 2005 and 2008 cannot be overlooked or disassociated from the violence that caused or exacerbated them in an analysis of Iraqi women's health and well-being.

Significantly, it is clear that violence affected the access to and quality of necessary medical care that women require in order to ensure a healthy birth. Perhaps the most important of these is antenatal care, which is the monitored care that women receive

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[60] The Iraqi Living Conditions Survey was conducted in mid-2004 by the Iraqi Ministry of Development and Planning Cooperation in conjunction with UNDP. This study assessed the daily living conditions in Iraq in 2004 and was the first large statistical study of its kind to be carried out in Iraq in 10 years.

[61] For further comparison, the US maternal mortality rate during the same time period was 8/100,000 (PHR, 2004).

[62] To put this figure into perspective, the next highest maternal mortality rate in the region was experienced by Lebanese women, who have endured years of intermittent conflict and yet their maternal mortality rate was only half that of Iraqi women at 150 per 100,000. The Iraqi maternal mortality rate was 4 times higher than the regional average of 73 per 100,000 and 75 times higher than Kuwait and Israel. (See Table 2)

throughout their pregnancy by a trained medical professional.[63]Antenatal care is a critical component in ensuring a safe and healthy pregnancy and delivery since it screens for potential problems for both the mother and child, which, if detected can be prevented or treated (Banta, 2003). Logan *et al.* (2007) emphasized that the utilization of prenatal care is associated with a normal birth-weight and healthy outcome for infants and children, and that those who receive it at a late stage or not at all face increased risk of delivering a low-weight baby. Physicians and researchers maintained that if a woman begins antenatal care late in her pregnancy, past 20 weeks, she faces an increased risk of dying in childbirth (PHM, 2008). The importance of antenatal care for both the mother and the child is clear, yet only 54% of Iraqi women were able to receive antenatal care in 2007, which was just over half of the regional average.[64] (See Table 2)

The high rate of anemia[65] among pregnant Iraqi women (50-70% - and up to 90% for the Shi'i women in southern Iraq[66]) is another indication of the importance of antenatal care ("Violence taking a toll", 2007; Refugees International, 2003, UNFPA,

[63] A trained health professional can be a physician, obstetrician or a midwife who has had formal training.

[64] WHO calculated its antenatal care coverage figure by defining antenatal care as 4 visits (WHO, 2009a). The regional average excludes Israel. (See Table 1)

[65] Anemia is a common blood disorder that occurs when there are not enough healthy red blood cells to carry adequate oxygen to tissues. Menstruating women, pregnant women and people with chronic diseases are at increased risk of the condition (Mayo Clinic, 2009).

[66] Southern Iraq is comprised of a Shi'a majority. Throughout recent history, this population has been politically, economically, and socially marginalized, which has contributed to higher rates of poverty and a lower health status, a phenomenon that has been especially acute in the rural areas. IDMC (2010c) emphasized that in the Shi'a south, the insecurity and increasing number of religiously conservative militant groups have greatly restricted women's movement, limiting their ability to receive health care, education, and to participate in the public sphere. These restrictions, along with the region's pre-existing economic hardship, a history of state-level suppression and marginalization, and an already weakened health status have impacted the health and standard of living of the Shi'a community, and particularly that of Shi'a women.

2003a). Left untreated, anemia can cause severe fatigue, decreased mental function, arrhythmia[67] and in some cases, congestive heart failure (Mayo Clinic, 2009). According to Allen (2000), iron-deficiency anemia is a major risk factor for birth and delivery complications, including low birth weight, premature births, poor mental performance in children and a greater risk of infant mortality. Stolzfus *et al.* (2004) notes that this form of anemia is a factor in 100,000 maternal and 600,000 perinatal deaths across the globe each year. Dr Ibrahim Khalil, a gynecologist at Al-Karada maternity hospital, illustrated the reality for Iraqi women and their birthing outcome, "Mothers are usually anaemic and children are born underweight as a result of a poor nutrition and lack of pre-natal care. There aren't any official figures but we can see that the number [of such cases] has doubled since Saddam Hussein's time" ("Violence taking a toll", 2007). The figures speak for themselves: 14.8% of Iraqi newborns were born with a low birth weight[68] and 63 out of 1,000 newborns did not survive their first 28 days; this neonatal mortality rate was 5.25 times higher than the regional average and still over 3 times higher than Iran and Lebanon, which carry the next highest neonatal mortality rates. (See Table 3)

However, as UNFPA (2003a) emphasized, merely accessing care does not guarantee the quality of the care, especially outside of the urban areas. In contrast, even while living under the sanctions, 78% of Iraqi women were able to receive some type of antenatal care in 1996 (UNFPA, 2003a). This lack of access and poor quality was linked to the effects of violence on Iraqi society and in particular upon its medical professionals.

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[67] Irregular heartbeat.

[68] This figure is from 2007 (WHO, 2008a).

Because of this violence, some women put themselves and their children at risk by choosing not to seek care because of the dangers involved.

According to a 2003 Health Ministry assessment conducted in Baghdad, one in five women reported that "insecurity" was the primary reason they did not seek medical care during their last pregnancy (Ciezadlo, 2005). This was compounded by the lack of mobility that resulted from the conflict. For example, if a woman went into labor during the nightly curfew, typically imposed from 10 p.m. to 5 a.m. (times at which cars and even ambulances were barred from the streets) she would be prohibited from leaving her home unless she could arrange for a police escort, which was a nearly impossible feat. Even if a woman went into labor during daytime hours, there would be no guarantee she would reach the hospital in time due to impromptu road closures, gridlock traffic and checkpoints (Palmer, 2007). Hanan Lattif, a media officer for the local Iraqi Women's Rights Organization, described the predicament pregnant woman encountered: "women have to rely on their families and hope that their delivery happens during the day" ("Violence taking a toll", 2007). One strategy pregnant women have utilized is scheduling Caesarean deliveries. Innes Salam, a 23-year-old who gave birth to her second child by Caesarean explained:

> I didn't want to worry about how I was going to reach the hospital if I had to give birth during the curfew…Sometimes it takes more than an hour to drive here [from her home in New Baghdad to the maternity hospital] and I didn't want to have a baby in the street. (Palmer, 2007, para. 4-7)

The arrangement of Caesarean deliveries during daytime hours in the hospital was one line of attack against potentially risky home deliveries, but it is crucial to note that Iraq's

health care system has been beset with its own difficulties, and the government-run hospitals were without sufficient supplies of medicine and equipment.

The dearth of medical professionals severely undermined the level and quality of care patients were able to receive. According to the Iraqi Medical Association, a minimum of 75% of doctors, pharmacists and nurses left their positions and of these, more than half left the country ("Male gynaecologists attacked", 2007). Moreover, 2,000 other Iraqi doctors have been murdered and 250 have been kidnapped (Palmer, 2007). Integrated Regional Information Network [IRIN] reported that male gynecologists have been threatened, kidnapped and even killed by religious extremist groups, who contend that male gynecologists "invade" women's privacy ("Violence taking a toll", 2007).[69] The dearth of woman gynecologists made the calculated targeting of male gynecologists especially harmful since there were not enough women doctors to fulfill the need that these losses created. According to 2007 figures recently released by the WHO, the physician to patient ratio was only 6.6 per 10,000 people and the proportion of nursing and midwifery was even worse at 1.2 per 10,000 people (WHO, 2008a). Afaf Abdul-Qahar, a gynecologist at Karada Maternity Centre in Baghdad illustrated the situation: "There are days when we find more than 80 patients per doctor in our hospital, an average of 170 daily. All of them are divided among the two women gynaecologists who are left in our clinic" ("Violence taking a toll", 2007, para. 11). For women seeking to deliver their babies in a hospital, their only alternative was a private hospital, but by and

[69] According to Walid Rafi, the Iraqi Medical Association spokesperson, at least 2 male gynecologists were killed and 22 were threatened ("Violence taking a toll", 2007).

by large, these were an expensive option and often out of reach for most Iraqis. Isarra Ali, a 25-year-old, who gave birth to her daughter Samar in February 2007, stressed that her family spent 1.25 million Iraqi dinars (nearly $1,000) in order for her to give birth by Caesarean at a private facility (Palmer, 2007).

Because of this, the inexpensive but relatively risky practice of home birthing was an accessible alternative, contributing to the high maternal and infant mortality rate. According to the WHO (2007), 45% of births in Iraq took place outside of hospitals and other medical centers. UNFPA (n.d.) emphasized that having a skilled birth attendant, along with emergency obstetric care if needed, would reduce maternal mortality rates by 75%. However, of the two-thirds of Iraqi women who gave birth at home in the 2 years following the 2003 invasion, only 20% had a skilled attendant present at the birth (Ciezadlo, 2005). In contrast, from 1988 to 1989, the percentage of live births that used a birth attendant was more than 4 times the latest figure at 86% (WHO, 1996). This means that out of the 2,000 women in Iraq giving birth daily, only 400 women had someone with medical experience assisting them and even under ordinary circumstances, 300 of these women would still need emergency obstetric care (McKenna, 2003; UNFPA, 2003b).[70]

The ongoing conflict and violence have likewise prevented the regulation of training of birth attendants. As a result, not all birth attendants have the appropriate medical training and licensure, though many are trained in the traditional fashion,

[70] Dr. Ibrahim Khalil disclosed that for every 12 women who are able to seek emergency obstetric care in Baghdad, at least 2 of these will result in a maternal or neonatal death ("Male gynaecologists attacked", 2007).

(learning through observations and apprenticeships); in spite of this, they are not qualified midwives and this lack of medical expertise can put women at an even greater risk. Ciezaldo (2005) noted, “If a mother has potential complications or if it's a woman's first child, birth assistants and midwives are supposed to send her to a hospital. Often, they don’t” (para. 10). In efforts to decrease the high maternal and neonatal mortality rate, after the 2003 invasion, the UN began to draw up plans for mobile emergency units in order to transport women in medical distress to the hospitals but Ciezaldo (2005) observed that, “violence has thwarted most of these plans” (para. 9).

Further inhibiting progress and life-saving measures, Ciezadlo (2005) noted that the Iraqi Ministry of Health announced its intention to cease the training of birth assistants, since the costs outweighed the benefits. Yet, in spite of the increased health risk birth attendants may inadvertently create, both UNFPA (n.d.) and Ciezaldo (2005) emphasized that midwives and qualified birth attendants are a crucial component in preserving the well-being of the mother and infant in home deliveries - particularly because more often than not, the reality was that Iraqi women were forced to give birth at home as they lack another alternative.

Somatic and Social Residues of Violence on Maternal and Child Health

Ultimately, the residues of violence continue to affect a population years after the actual violence ceased. As noted previously, the bombing campaigns during the first Gulf War significantly damaged the water purification, sewage treatment and electrical plants, severely contaminating the water. Many of these plants still remain unrepaired today. According to the WHO Health Action in Crisis report, by 2007, 70% of the Iraqi population was still without access to clean water and only 20% contained toilets that did not contaminate water sources (Rosenthal, 2007). Save the Children (2007) noted in its State of the World's Mothers Report that the child mortality rate in Iraq increased more than 150% from 1990-2005. More than 122,000 children under the age of 5 – one in eight children – died in 2005 alone, 2 years after the sanctions were lifted. More than half of these deaths occurred within the first 30 days of birth (Save the Children, 2007). Rosenthal (2007) noted that more than two-thirds of the child deaths in Iraq can be attributed to diarrhea (which is generally contracted through contaminated water) and pneumonia. Pediatricians at Ibn Al-Baladi blamed leaking sewage and contaminated water as the primary causes in the increased incidence of waterborne diseases[71] and deaths (Palmer, 2007).

[71] Typhoid and cholera are two other examples of waterborne diseases afflicting the Iraqi population. In 2007, almost 4,700 cases of cholera were reported along with 24 deaths, most of which occurred in the Northern provinces. In 2008, at least 86 suspected cases were reported, 36 more were confirmed in Baghdad and the Maysan and Babil provinces, which resulted in 5 deaths ("Iraq reports Cholera outbreak", 2008).

Birth deformities, which have quadrupled since 1991, are another grim holdover of past violence as a result of pollution (which in most cases is found in the water) and radiation poisoning from depleted uranium dust[72] from exploded munitions used in the conflicts ("Doctors warn", 2005; Hassan, 2004).[73] The types of deformities include multiple fingers, unusually large heads, unilateral lips, no arms or legs, or eyes or noses in abnormal facial configurations. A report published by IRIN stated that 650 new cases of deformities have emerged since 2003,[74] which is a 20% increase from the previous years ("Doctors warn", 2005).[75]

Iraqi researcher Malik Hamdan noted that doctors in Fallujah reported a "massive unprecedented number of heart defects" and a rise in the cases of nervous system disorders ("More birth defects", 2010, para. 9). Hamdan reported that a doctor in Fallujah commented that before the 2003 invasion, she only saw about six cases per year but now, she sees cases on a daily basis ("More birth defects", 2010) as deformities and child deaths have escalated in Fallujah after the use of special weaponry in two massive bombing campaigns in 2004 ("More birth defects", 2010; al-Fadhily and Jamail, 2008). These actions utilized the dangerous chemical agent white phosphorous in addition to depleted uranium munitions, which contain low-level radioactive waste (al-Fadhily and

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[72] According to the International Atomic Energy Agency (2007), depleted uranium is the by-product of enriched uranium, which is used to produce fuel for certain types of nuclear reactors and nuclear weapons, which is then responsible for nuclear fission. For further information, see www.iaea.org.

[73] The third cause cited is the common blood factor caused by inter-marriage ("Doctors warn, 2005).

[74] This study did not include reports from private hospitals, only government hospitals.

[75] Dr. Ali Nawar stressed that this figure only included cases from public hospitals. Because this statistic does not include data from private hospitals, these numbers are likely to be much greater ("Doctors warn", 2005).

Jamail, 2008).[76] Not only is depleted uranium considered to be a leading cause of the spike of cancer rates in Iraq, the rise in miscarriages, stillbirths and congenital malformation in babies are also attributed to it (al-Fadhily and Jamail, 2008).[77] Hayfa Shukr, 28, explained that the doctors blamed the use of special weaponry for her children's brain damage and consequent death:

> I had two children who had brain damage from birth. My husband has been detained by the Americans since November 2004 and so I had to take the children around by myself to hospitals and private clinics. They died. I spent all our savings and borrowed a considerable amount of money. (al-Fadhily and Jamail, 2008, para. 8)

Al-Fadhily and Jamail (2008) noted that doctors they interviewed were reluctant to give reports for fear of reprisal and would only speak on the condition of anonymity. A pediatric doctor illustrated the gravity of the situation:

> Many babies were born with major congenital malformations. These infants include many with heart defects, cleft lip or palate, Down's syndrome and limb defects. I can say all kinds of problems related to toxic pollution took place in Fallujah after the November 2004 massacre. (para. 13-14)

Al-Fadhily and Jamail (2008) emphasized that although several doctors have noticed similar trends, the evidence remains anecdotal, as neither studies nor official records exist. The Iraqi Red Crescent Society hospital in Baghdad reported 15 new cases of birth defects in April 2007 alone. Doctors report that most cases do not survive for more than

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[76] After refuting this allegation, in November 2005 the Pentagon admitted that white phosphorous, which is a restricted incendiary weapon, was in the Fallujah campaigns (al-Fadhily and Jamail, 2008).

[77] Depleted Uranium is also thought to be the cause of a sharp rise in the incidence of cancer among U.S. veterans who served in the 1991 Gulf War and through the current occupation as well (Fadhily and Jamail, 2008).

a week. According to Wathiq Ibhrahim, the Director of the Central Teaching Hospital for Pediatrics in Baghdad, the survival rate was a mere 10% ("Doctors warn", 2005).

Mothers not only had to agonize over the increased risk of trauma to their newborns but they also bore the additional added concern over the socio-cultural consequences of bearing a baby with deformities. As Fatima Hussein, a 34-year-old woman explained:

> My two children were born with deformities and today I had my third one with the same problem. The doctors say pollution is the cause and now my husband wants to divorce me claiming that I am not capable of bringing healthy children into the world. ("Doctors warn", 2005, para. 30-33)

Fatima's narrative illustrated a tragic consequence of the long-term effect of violence. Due to circumstances beyond her control, she may be forced to raise her three children with special needs alone, without the help of her husband and his family. Beyond simple practical considerations, divorce has many social consequences as well in Iraq. Sana al-Khayyat (1990) explained that "Marriage is highly valued in Iraqi society, to the extent that it is considered to be the main aim in life" (p. 172). As discussed previously, Iraqi social norms place a high value on marriage. The stigma of divorce not only lowers a woman's status, but it limits professional opportunities afforded to her, creating social isolation, at times even from her family. Moreover, second marriages are very uncommon in Iraqi society, unless a woman is willing to marry a man with a lower socio-economic standing or become a second or third wife (p. 172). Divorced women who have already given birth to children with birth deformities have two strikes against them already and

because of their history, their chances at finding another marriage partner are limited; leaving them alone to care for children with debilitating and often deadly deformities.

This chapter has argued that significance of a violent act does not end with the act itself: the residues of violence permeate Iraqi bodies and society and continue to affect people's lives in ways that are often not considered. These effects can be seen in the practical consequences impeding women's access to and quality of care, thus putting the lives of her and her family at risk. Whereas the physical consequences of a car bomb are quite apparent, the effects of polluted water, depleted uranium or white phosphorus are more subtle and perhaps, even deadlier. These somatic effects of violence spill over into the social aspect of Iraqi women's lives, impacting their social and familial roles as mothers, wives, caregivers, and active participants in society.

CONCLUSION

The violence of the post-war period drastically altered Iraqi society, impacting the health status of Iraqi women and redefining their daily reality. The medical journal *Lancet* (2006) estimated that there were 654,965 excess deaths[78] from the US invasion to July 2006 – this amounts to 2.5% of the total population.[79] By 2007 more than 100 Iraqi people were killed per day from war-related violence (Rosenthal 2007), and despite the reduction of violence by the end of 2008, it is estimated that there were 100,000 to 1 million Iraqi deaths since 2003 (Steel and Goldberg, 2008).[80] These figures do not include casualties, such as those who were wounded and recovered, even though many of whom were permanently disabled. Moreover, they do not even remotely encompass the overall impact of violence on the Iraqi population. Green (1999) observes, "at the intersection of violence, oppression, and suffering, it is possible to begin to formulate questions of social suffering in relation to the problems of history and cultural practice" (p. 13). In the explosion of civil and sectarian conflict during the U.S. occupation of Iraq, the violence and suffering exposed the underlying historical sectarian and social tensions in Iraq prompted even more questions that can only be answered by Iraqis in the future. This violence was absorbed into the very historical and cultural fabric of Iraqi society as a normalized daily reality, ultimately making the suffering more acute, and potentially

[78] Excess deaths refers to deaths over the normal range or more specifically, a premature death or one that occurs before the average life expectancy for a person in a particular demographic category.

[80] See Steel & Goldberg (2008) for an in-depth discussion regarding the various data collection agencies, the methodologies used to collect figures and the large and very contentious discrepancies in the statistics reported.

creating psychological, health and social effects that will be far longer lasting – particularly for Iraqi women.

Such violence has had direct consequences for women's health and has increased the future risk of ill health for themselves and their children. This places a greater burden on the whole society, particularly as long-term health effects can continue for many years after the cessation of conflict. This is not promising for Iraq, since a good women's health status has been linked to a healthier society. Roger Write, UNICEF Representative for Iraq, stressed: "if women are healthy…children are more likely to thrive and communities prosper" (UNICEF, 2006). Intertwined with the status of women's health are the economic and political viability of the Iraqi nation. On the national level, women's health can be seen as an economical and political concern, as "countries that suppress women are more likely to stagnate economically, fail to develop democratic institutions, and become more prone to extremism" (Coleman, 2004). If Iraq is to become a stable, successfully autonomous state, then the well-being of all of its citizens needs to become a top priority. According to Women for Women International (2008), "Women's well-being is the bellwether of society, and how women fare correlates directly with how society fares overall…when women suffer, it is only a matter of time before all of society is at risk (p. 4). In the short and long-term, gender-based violence, general insecurity, and structural violence of poverty and displacement became profound social and cultural obstacles in Iraq, significantly hindering women's participation in the public and political arena.

The conflict in Iraq has officially ended, but for Iraqi women this does not mean an end to their suffering, nor does there seem to be one in the immediate future. It is now 2010 and the Coalition forces are still occupying Iraq; according to Army spokesperson First Lieutenant Elizabeth Feste, there are still approximately 98,000 US soldiers stationed in Iraq (Associated Press, 2010).[81] Although the violence has decreased, many of the issues prompted by the violence stemming from the occupation and civil conflict are still continuing to cause problems.

It is important to note that this thesis is in no way a complete survey of the social and health effects of conflict and violence in Iraq, rather, it provides a starting point for researchers in Iraq to pursue a deeper understanding of the multifaceted nature and impact of violence. Moreover, as mentioned in the introduction, because I was not able conduct my own research in Iraq and to compile my own data, my methodology relied heavily on journalistic, NGO, governmental and other non-academic sources. This approach is problematic for many reasons. Such data is subject to manipulation by political forces. Misleading statistics like the death tolls mentioned at the beginning of the chapter (that differ by a factor of 10) pose problems for those seeking to accurately describe the effects of war and violence in Iraq. For example, several journalistic, NGO and UN agency sources incorrectly cited the maternal mortality rate in 2003 as 370/100,000; however, if one looks closely the original source many are citing (UNFPA, 2003b), 2003 was the year the data was published but the actual statistics were collected

[81] The Associated Press (2010) reported that by August 31, 2010, President Obama intends withdraw all but 50,000 US soldiers and to pull out all American combat troops by the end of 2011. In October 2007, known as the "surge", there were approximately 170,000 US forces in Iraq.

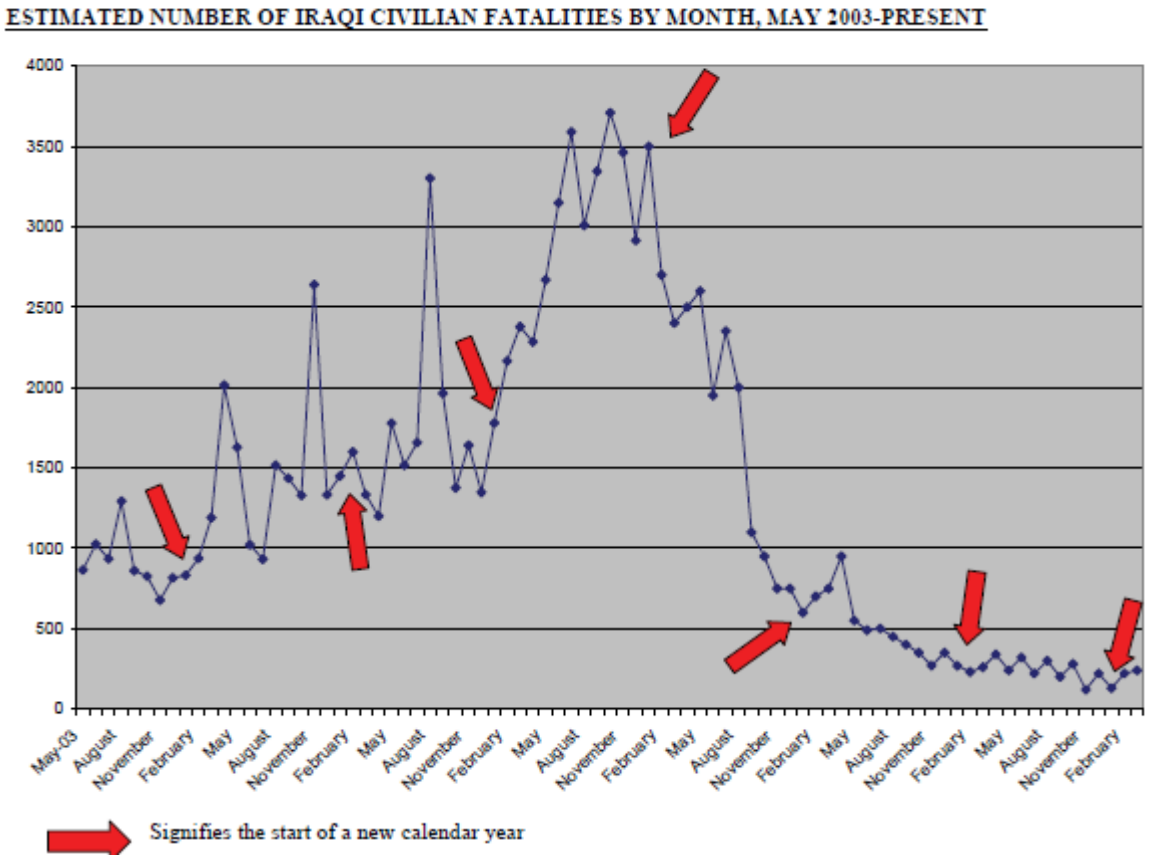
in 2002 - an entire year before the actual invasion and occupation and a year that was still under the sanctions (in addition to the fact that this figure itself is clearly inaccurate and hugely inflated, as discussed in Chapter 3). Furthermore, each statistical study released, whether academic, journalistic, medical, governmental, business, or NGO-sponsored was met with heavy political criticism and clouded by controversy. Because of issues like these, a comprehensive analysis was next to impossible to conduct, and I was forced to piece together an image of Iraqi women's lives and suffering from the fragments available.

In order to truly understand the impact of violence on Iraqi women, more research needs to be carried out in Iraq. If one takes the socio-cultural or medical anthropological approach, he or she could investigate violence as a social phenomenon and conduct ethnographical research on the historical and current social, political, economic and health effects of violence in Iraq and examine how violence has and will continue to redefine and shape Iraqi lives. There are many pertinent issues one could explore, in particular the neglect of the issue of women's health and security and the unique vulnerabilities Iraqi female refugees and IDPs face. If one wanted to focus on promoting and improving the health and well-being of Iraqi society, he or she could consider a public health approach which uses epidemiology to investigate the etiology and patterns of diseases and health challenges. Through such a public health approach, environmental, behavioral and population health, along with health policy, could also be studied and specific evaluations, interventions and policies could be developed to assist with the health problems that Iraqi society faces.

It is true that while the violence has subsided, Iraqi lives have not significantly improved. However, the better security conditions will provide a safer and more feasible environment for researchers and their teams to get access to Iraqis and to conduct further research concerning the short and long-term effects of violence on the Iraqi population. It is only through a concerted effort by researchers and close participation of the Iraqi population itself that a clear understanding of the social, physical and psychological effects of the violence and protracted conflict can emerge. Ultimately, this will pave the way for interventions that can begin to heal the nation's wounds and move society into the future.

APPENDIX A: TABLES

TABLE 1: Trends of Violence in the Conflict in Iraq 2003-2010[82]



[82] Chart and figures taken from O'Hanlon & Livingston (2010) for The Brookings Institute. The Brooking Institute uses the US government as its the primary source for data collection, but it also obtains information from NGOs, foreign journalists who are in Iraq and Iraqi sources as well. I recognize that civilian fatality statistics are extremely controversial; however, I chose this particular source because it provides a visual reference point for and corresponds with the trends of violence discussed in Chapter One.

TABLE 2: Regional Female Health Indicators (2003-2006)[83]

	Female Annual Mortality Rate[84]	Female HALE[85]	Maternal Mortality Rate[86]	% Skilled Birth Attendant At Birth[87]	Total Fertility Rate[88]
Iraq	187	51	300	80	4.4
Iran	106	59	140	97	2
Israel	48	72	4	---	2.8
Jordan	118	62	62	99	3.2
Kuwait	52	67	4	100	2.2
Lebanon	133	62	150	98	2.2
Saudi Arabia	136	63	18	96	3.5
Syria	122	63	130	93	3.2

[83] I have chosen to use the WHO (2008a) statistics for the sake of consistency because it allowed a comprehensive overview and analysis of regional statistics. The figures collected by WHO (2008a) represent the 2003 to 2006 timeframe, which is the relevant time period for this thesis.

[84] Female Adult Mortality Rate is the probability a female will die between 15-60 years per 1,000 females (WHO, 2008a).

[85] Female HALE is the healthy life expectancy at birth (in years) for females (WHO, 2008a).

[86] Maternal Mortality Rate is the number of maternal deaths per 100,000 live births during a specific year or period (WHO, 2008a).

[87] The WHO (2010) defines a skilled birth attendant as "an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period, and in the identification, management and referral of complications in women and newborns" (para. 3). The types of health professionals fulfilling this role varies greatly from country to country.

[88] Total fertility rate is the number of children that would be born per woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates (WHO, 2008a).

TABLE 3: Regional Infant & Child Health Indicators (2003-2006)[89]

	Neonatal Mortality Rate[90]	Infant Mortality Rate[91]	Under 5 Mortality Rate[92]
Iraq	63	37	47
Iran	19	30	35
Israel	3	4	5
Jordan	16	21	25
Kuwait	7	11	9
Lebanon	19	27	31
Saudi Arabia	11	21	26
Syria	7	12	13

[89] I have chosen to use statistics from 2003-2006 because these were the most recent figures available from the WHO (2008a); also, the timeframe corresponds with time period this thesis examines.

[90] Neonatal mortality rate is the number of deaths during the first 28 completed days of life per 1,000 live births in a given year or other period (WHO, 2008a).

[91] Infant mortality rate is the probability of a child born in a specific year or period dying before reaching the age of one per 1,000 (WHO, 2008a).

[92] Under-5 mortality rate is the probability of a child born in a specific year or period dying before reaching the age of 5 per 1,000 (WHO, 2008a).

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